

THE DENTAL DIGEST



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MODERN dentistry calls upon all the sciences to pay it tribute. And when science responds, dentistry should recognize and accept the service that it offers.

In the realm of metallurgy, it is important to distinguish between the empirical and the scientific—between the “happy accident” and the application of known principles.

In the preparation of dental golds, the karat is still important as a measure of intrinsic worth; but the value of precious metals at the mint and their value to the dentist are governed by different requirements. The dentist seeks certain properties in a precious metal which adapt it to a peculiar need; and these properties vary with his varying operations.

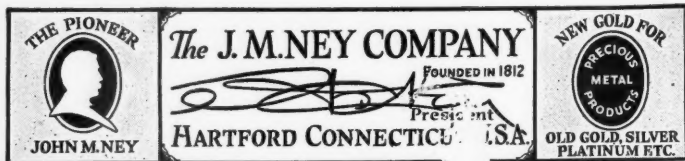
To determine these properties, formulas must be devised, and this involves a degree of specialized knowledge of precious metals such as few men possess. But it is more than a matter of formula; it includes a knowledge of the reactions of metals under various forms of heat treatment and under different processes of manufacture.

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School Viewpoint of McDowell County Dental Clinic

By H. C. McKinley, Supt. of Schools, Gary, W. Va.

In my judgment the establishment of the Dental Clinic in the schools of McDowell County as a unit has been the foremost step, both from a health and an educational standpoint, taken in the schools of West Virginia in the past decade. I believe that when the real work that the Dental Clinic is doing is fully known that we shall have dental clinics in other counties of the State. The clinic is no longer an experiment; it has passed the experimental stage and already progressive counties and cities are falling in line with the work as done in McDowell County. I believe that the time is coming when we shall also have medical inspection and regularly conducted clinics looking after the eyes and ears of the children and performing needed operations for adenoids and enlarged tonsils. If we keep the children healthy and remove many of the causes of retardation, we will be able to keep a normal flow of children through the grades and the brighter children will be able to make up a grade or two in the course of the school years.

It is estimated in the schools of McDowell County, that if a normal flow of pupils were kept up, that twenty per cent of the teachers would not be needed. Now, twenty per cent of the salary of the teachers would finance dental and medical clinics.

In places where the clinics have been established, the school men have been loud in their praise of the work. In our County, the County Superintendent and all of the District Superintendents realize the value of the work of the Clinic. The teachers are also enthusiastic and the parents, almost without exception, are in hearty sympathy and co-operation with the work.

I have been in touch with the work of the Clinic ever since it was established in the schools and have been in a position to observe its work in all sorts of localities and under all kinds of conditions. I have seen the work as carried on in the rural mountain school where the children are several miles distant from the railroad in the summer when the roads are good, and utterly isolated in the winter time when the roads are impassable. Under such conditions, remote from a dentist, little except home attention is paid to the teeth of the children.

About the only remedy is extraction. How many of you remember the home remedy for an aching tooth? Not much thought was paid to whether it was a permanent tooth or a temporary one. The main thing was that it was aching. The remedy was to tie one end of a string to the tooth and the other end to the door knob, slam the door and, if the tooth did not fly out, try the gate or a flatiron. This remedy stopped the ache, but a little attention a year or two earlier in the Dental Clinic would have saved the tooth. Rural communities are now looked after as well as other localities. Less and less need is found for slamming doors or throwing flatirons.

In mining communities, where the percentage of population is largely foreign, we find the same conditions existing—little attention paid to the teeth—extraction the chief remedy. In these communities the work of the clinic is not only putting the teeth of the children in a healthy condition, but is doing much to educate the older members of the family to the need and importance of dental work.

Here are the first questions asked concerning the dental clinics: "Why is it necessary to establish dental clinics in the schools and do work that the parents ought to have done?" "Are not the parents attending to this work fairly well?" My answer to these questions is to have a dentist visit your schools and make an examination. What will he find? I am sure that he will find the same conditions existing in the average community as we found existing in the schools in our County. What did we find? We found that a small percentage of the parents were having sufficient attention paid to the teeth of their children, a few who were paying some attention in many instances when it was too late to make needed corrections; that the great majority were paying very little attention, were negative in their attitude toward this work.

We found teeth that were coming in crooked, decayed teeth, diseased teeth, abscessed teeth, deformed jaws, obstructed breathing because of deformed palates, etc. Such were a few of the things we found and such I am sure will be found in the average school. Are the clinics needed? My answer, after observing this work at first hand, is an emphatic "Yes." As I watch the work of the clinic, I can in many instances tell whether a boy or girl has been living and going to school in McDowell County or whether he or she comes from an adjoining county or neighboring state, by the condition of the teeth.

The practical benefits of the clinic in the school room may be listed under three heads: (1) health, (2) educational, (3) economic. I shall discuss these briefly.

In McDowell County, as in other counties, we are troubled with periodic outbreaks of children's diseases each year. These outbreaks of measles, whooping cough, chicken pox, colds, mumps, sore throats,

tonsillitis, etc., seriously handicap the work of the children and the teachers. In many instances they necessitate the closing of the schools for stated periods of time, until the epidemic dies down. Now, while I do not have sufficient data or statistics to prove my assertions, I am reasonably certain that the number of outbreaks and the severity of the outbreaks have been considerably lessened during the last two years. In fact, during the past year the schools of my District, with 3500 children enrolled, did not have a single school closed for a single day because of outbreaks of sickness. I attribute this, in a great measure, to the work of the Dental Clinic and the personal hygiene and follow-up work of the teachers. For instance, take a room of thirty-five to forty-five children, many of them paying little attention to mouth hygiene, many mouths full of decayed and diseased teeth, diseased gums, colds, sore throats, etc., and continually breathing their fetid breath into the room. The room in a short time becomes a perfect medium for the transmission of disease germs. Now, let us change the conditions and remove the causes of the fetid breath and let us follow up the work of the dental hygienists and dentists with personal hygiene and have the children brush their teeth and we do much to remove the causes and medium for the spread of diseases in the school. It is true on the authority of physicians that have closely observed the work of the clinic, that the health of the children is better. If the work is supplemented with medical inspection and a school nurse, we find that the amount of sickness has decreased about sixty per cent in some schools. I believe that the health value alone is worth all the money that the taxpayers put into it.

However, the Dental Clinic has another value that is directly educational. We find that since the clinic has been established, that the number of retarded pupils has decreased each year. It is easily understood that children with their teeth in diseased condition, or their systems poisoned because of abscessed teeth, are unable to do normal work. We have many instances of children in various schools making up lost grades or gaining a grade after their teeth had been given dental attention. Now, we do not believe that the Clinic will do away with all of the retarded pupils, as there are so many other factors that enter into the retardation problem. However, it has helped a lot to reduce it. Our children are also attending school better. This is a distinct gain. We are not troubled in our schools with loss of time to have dental work done. We find that our pupils are moving better through the grades, and that less drop out of school. We find that they are healthier and happier and enjoy their work better; are interested in school. These things are important from an educational standpoint and are worth the investment made by the taxpayers.

But there is another value in the work of the Dental Clinic. I refer

to the economical value. In the Maybeury school in McDowell County, where the clinic was first established in 1917, through the efforts of private individuals, we have records showing that not a single pupil failed to make the grade—that twenty gained a grade in five years—seventeen gained two grades in five years. In this school we had no retardation whatever, but instead all gained from one to two years. Progress like this is an economic advantage and if same results were secured in all of the 500 schools of the county, with the 15,000 children enrolled, it would mean a tremendous saving.

The work of the clinic has not yet reached its zenith. However, the work has progressed far enough that we see the dawn of a brighter and happier day for our children. In eight or ten years from now we are going to turn out a crop of boys and girls from our schools that have had attention paid to their teeth during the years they were in school. I feel sure that they will be worth more to themselves and to the community and to their employers because they have had this work done. I have enumerated a few of the practical benefits of the Dental Clinic. Its true worth to the 15,000 children in our County cannot be told. Its true value cannot be estimated in dollars and cents. It can be estimated in terms of better citizens. We talk much of our national health, but we must remember that our national health is only the result of activities in community health. We talk of our national education, but we must not forget that our national education is the complex of the education of our communities.

The Link

"The Link" is the name of a new journal devoted to the "business aspect of the practice of medicine and dentistry, including their branches." It is edited and "keyed" to the physician primarily, and it is interesting to note that the growing recognition of the existence of a "business side to medical practice" has finally resulted in a magazine specializing in the economic and legal sides of medicine.

That physicians are quite as much in need of business education as are dentists, has long been known.

The DENTAL DIGEST has been the pioneer in emphasizing the existence of a business side to professional practice, and we are happy in the belief that there are many dentists who date their financial success from their first reading of the DENTAL DIGEST, with its articles on economics, including Brother Bill's Letters, and this without lowering their professional standards in the slightest degree.

We hope The Link will be successful in its special field, and that means that it will do a great deal of good, if the men who need it most read it understandingly.

This is Volsteading

By Walter S. Kyes, D.D.S., San Diego, Cal.

"This smelly, disfranchised alcohol is the limit," you say, as you sniff your fingers after fishing some burs out of a sterilizing dish. Besides the fumes making your head swim, it reminds you of an undertaker's emporium or a planting of recently treated seed potatoes. You recall mayhap, with regrets, the old days when one could buy alcohol with colors and kicks of various sorts, ranging from rectified spirits with a jolt like an earth tremor down to twenty per cent mouth washes which tasted for all the world like a soda fountain concoction.

Alcohol, you are reminded, came down through the centuries with the human race in much the same manner as have other evils like mumps and measles, causing men, in the meantime, "to forget the law," as well as "to forget their poverty." It brought a warm glow into Egypt and debauchery into Babylonia, being transported in goat skins from the sunlit hills of Palestine, instead of in spare tires and rear seat upholstery, as is sometimes done in our country today.

Ruminating thus, you decide that being free-born, having graduated from a recognized dental college and having subsequently met and conquered a number of state boards of dental examiners, you are entitled to some alcohol, "for sterilizing purposes, annealing gold and other non-beverage purposes, to wit."

Maybe you can get it through the medium of a prescription from the physician across the hall! This idea is reinforced by your having read in the papers lately a story to the effect that during the recent hard times in North Dakota some bandits, upon holding up a train, procured nothing for their trouble except railroad tickets and one hundred and twenty-five physicians' prescriptions, so you feel justified in assuming that prescriptions have become almost as much of a circulating medium in some localities as federal reserve notes.

The M. D. sizes you up with a critical eye, as is his custom, and says most decisively, "No, Doctor, you look anything but dangerously ill. Nothing doing here." As you go down the hall he bellows after you, "If you want some alcohol, write the Federal Prohibition Director; he's the only man besides the bootlegger who can put his finger on the tap nowadays."

The corner druggist directs you to the above-named personage. In fact, he knows more about the Volstead Act than anyone else in town and can spot a prohibition enforcement officer with the same ease and accuracy that enables him to distinguish between a toothbrush and a tuna sandwich.

"What do you want of the F. P. D.?" he inquires with a peculiarly cordial cock to his eye.

"Oh, I want to get some alcohol," you reply.

"How much?"

"Well, half a pint would suffice for the time being 'for sterilizing purposes, annealing gold, and non-beverage purposes, to wit'."

He shoves a wrapped, unlabeled bottle toward you and laconically remarks: "Fifty cents."

"But, how the deuce——"

For answer he points to a sign suspended on a string against the wall which reads: "If you don't want to be lied to once in a while, don't ask too many foolish questions."

On the way back to the office, you notice a crowd at the door of a café. The "Black Maria" is backed up to the curb and some officers are leading two men toward it.

"That's the Prohibition Enforcement Officer," some one says, pointing toward a canny-looking man leading one of the men.

"Holy smoke," you say, as you grasp the flask in your pocket, fearful of the canny man.

Feeling rather ill at ease, you hurry up to the office and transfer the alcohol to a bottle marked "poison" to protect it from the new janitor and his successor. The next morning you are surprised to see two honest-to-goodness detectives in the hall. They are examining the numbers on the doors. Of course every citizen, whether he be a saint or a sinner, trembles in his boots when he sees a detective nosing about his place. You feel that if it were not for the alcohol you would be unafraid to face a church full of detectives and the world at large. Just now the transaction stands out as your one great, burning crime, so you take the bottle and turn the illicit contents into the sink, and after sniffing long at the empty bottle, toss it into the waste receptacle. At noon the elevator boy informs you that the detectives were looking for an attorney to get the necessary papers to replevy some jewels from a "movie" star who shows signs of dropping below the horizon.

On request, the Federal Prohibition Officer sends you Form No. 1404. It is so long coming that you have decided that the F. P. O. must be spending the summer in the mountains. However, when it is received you are scared almost out of your boots as you reflect on the methods of your bookkeeping; it resembles so much an income tax report blank. It is headed: "Application for Permit Under the National Prohibition Act." The lawyer down the hall helps you to untangle its legal verbiage and you sign up under oath that you will use the alcohol only for such purposes as are therein enumerated, which precludes any possibility of your ever taking it internally or offering it to an asthmatic colleague.

After a time, you receive notice from the Prohibition Commis-

sioner that your application has been approved and you are "hereby permitted to use alcohol," in your humble efforts to make the world reasonably safe from bacteria; but always for "non-beverage purposes, to wit."

But you are not yet equipped to procure the stuff. You must further declare your intentions and then after a time you will receive a "Permit to Purchase." It is dignified with a serial number and is good for thirty days from date. Having signified your intention to purchase only one gallon for the time being for your "to wit" needs, you take the permit down to the wholesale druggist. You ask for the manager whom you find to be a dank, dejected, clammy sort of person, a pathetic figure in fact, pretty thoroughly disgusted with the regulations governing the sale of spirits and narcotics. Of the two you like the retail druggist the better, feeling that he is better informed in the matter of efficiency, which is the watchword of business today.

As he launches out on the subject of the old days, when the liquor business in the drug trade was unhampered except by the revenue tax, the manager reminds you of Job, that ancient type of patience under affliction sitting on a pile of ashes. "In those days it was a business not to be sneezed at," he confides, adding, "We'd rather not handle liquor and narcotics at all. It's the red tape now that eats up the profits. Our office force had been doubled to do the clerical work, and now the doggone business is run at a loss. There is less red tape in the Department of the U. S. Navy than in this business. It ain't what it used to be."

You feel terribly sorry for the manager and the drug business in general for a minute or so until you ask the amount of your bill for the gallon of alcohol; then you suddenly lose interest in their welfare. In reply to your question, the manager says in a hard, cold voice patterned after that of a bill collector, "Ten dollars."

Bravely you draw out your check book, observing as you make out the check that the gum-chewing office force never missed a stroke during the silence that fell.

Jauntily, like a lady shopper buying a spool of thread or a yard of pongee, you say, "Will you deliver it, please?"

"No, Doctor, we can't do that. It's against the regulations. It's yours; you'll have to carry it along with you, and, by the way, you'd better put it in the safe when you get home. Good morning."

So you go up the street carrying the package that emits a peculiar gurgle, gurgle, from under your arm. While waiting for a passing car, you stop beside a seedy-looking person who might have seen better days. He suddenly becomes alert and pricks up his ears on hearing the sound coming from the package. Placing a trembling hand on your

arm, he says, "Pardon me, sir, but did I not hear the voice of an old friend emanating from that package?"

You do not reply but slip away into the traffic.

At the corner drug store you stop and buy a quart of denatured alcohol at the rate of three dollars per gallon, which is seven dollars less than you paid for the good-natured stuff, and you ponder at the machinations of merchandising.

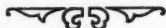
However, upon arriving at the office you file away the various permits for use in case the inspector should visit you to ascertain whether or not you are living up to your agreement. You draw off a quart from the tin can, being careful to put it in a bottle labeled "poison." You would like to take the remaining three quarts home with you for safekeeping, but, having given your oath that you would store it on the premises where you do business until it is used up, there is no alternative. You place the can in a cupboard, covering it up with some papers and your old straw hat, feeling that it is pretty well camouflaged and will be reasonably safe, hoping in the meantime that some time you will be enabled to do some dental work for a wholesale druggist.

Time moves merrily along and in the course of six weeks or two months you find the quart bottle in need of replenishment. You unlock your cupboard, reach up and remove the papers and straw hat. "Pretty well camouflaged," you remark again. The can is quite heavy and on a high shelf. You give it a lift and your knuckles hit the shelf above. The doggone can is empty. Taking it down, you remove the cork, take a sniff, shake the can; there is no response! "By heck," you say, "by heck, this is Volsteading."

Extraction of Tooth Fractures Man's Leg

In Pottstown, Pa., a patient forty-two years old, rose from a dentist chair where he sat as a molar was extracted, and suddenly collapsed to the floor, his right leg giving under him.

Examination disclosed the leg was broken in two places. Physicians are inclined to attribute the fracture, not to unusually extensive roots of the tooth, but to muscular contraction from the shock of the extraction and which brought sufficient pressure to bear on the bone to break it.



Tuberculosis of Oral Mucosa

By Kenneth K. Knower, D.D.S., Whipple, Arizona

This is a comparatively rare form of the disease, and is most often associated with laryngeal and pulmonary cases. The pulmonary focus is the primary seat of the disease, the oral lesion appearing at any stage.

It is the tendency of some of the profession to treat oral lesions before making an accurate diagnosis, the result of which is often discouraging and of detrimental consequences. It is therefore always best, if case is at least doubtful, to have the aid of a bacteriologist.

Along with the general cachexia, lowering of the tone of the mucous membrane, the frequent presence of gingivitis and periodontoclasia, the liability of infection through expectoration from a pulmonary focus is increased.

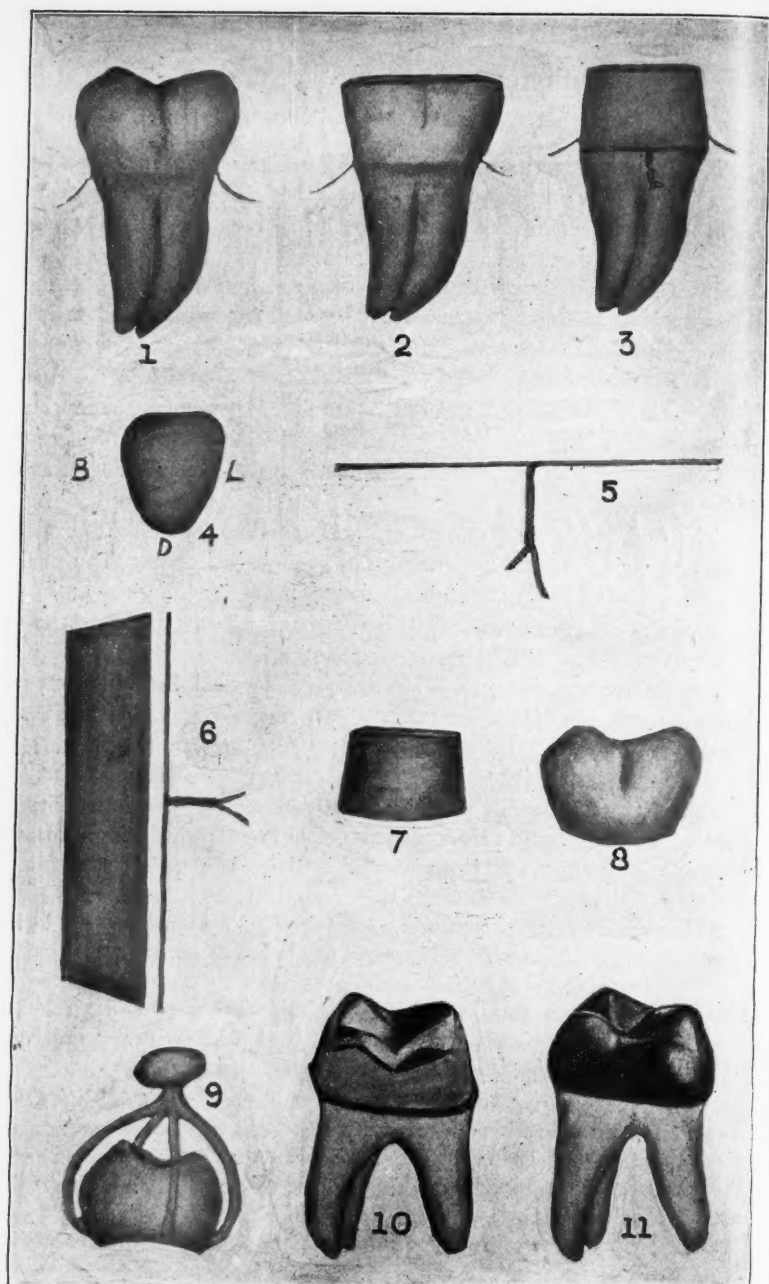
The oral lesion may appear at most any location, often starting around the gingiva, and progresses slowly with little pain. The moderately advanced oral tubercular lesion appears irregular in outline, being concave, with slightly raised borders, and the surface is composed of numerous tubercles with slight suppuration and covered with a light yellow exudate that is not easily removed. Does not bleed easily upon being probed or slightly irritated. There is no respect for type of tissue.

In the treatment, the necessary oral prophylactic measures should be carried out, removing all irritation such as overhanging fillings, crowns, serumal and salivary calculus soon as physical condition of patient will permit. It is important if there is a pulmonary focus that this be given attention, and patient must take the cure under a capable physician or in sanatoria, as there will be no response to local treatment so long as there is increasing pulmonary activity.

The use of all irritations, such as tobacco in any form, strong medicinal mouth washes and dentifrices, chewing gum and alcoholic liquors should be discontinued, as cicatrization is slow under the best of conditions and should be given all available advantages.

The cauterization of lesion with acid or electricity is not advisable. The most responsive local treatment is through the use of sun rays, either with the reflected rays from a mirror or with the refracted rays through a reading glass directed by the aid of a mirror, being careful not to burn the tissue. The regulation of this treatment can be determined by the physical condition of patient and results obtained from same.

U. S. Veterans Hospital No. 50.



Illustrated Steps in Crown and Bridge Construction*

By Anastasis G. Augustin, D.M.D., New York City

ALL METAL CAST CROWN

Fig. 1 shows a sound lower molar. For its preparation commence by grinding occlusal surface, first about 2 to 3 mm. as in Fig. 2. The use of three or four flat stones put together on a mandrel produces less heat than a solid one. A constant stream of warm water pumped from a syringe on the tooth greatly reduces the over-heating of tooth. With a knife-edged stone grind the mesial and the distal sides directly to the gum line, as well as the distal and the buccal sides, until all undercuts are removed from the tooth. With root reamers and root cleavers round off circumference of tooth under the gum. An ideal tooth, when prepared, should be slightly conical in shape, the widest circumference being at the gingival, as in Fig. 3 and Fig. 4, top view. This kind of a preparation facilitates the finished bridge to slip on and out easily.

Cavities in teeth to be crowned, if under the gum, should be filled with amalgam, preventing washing of the filling, while all cavities over the gum should be filled with cement.

The wire measurement is taken at the gum, where the tooth is widest, as in Fig. 3; now cut wire and spread it open as in Fig. 5; cut a 30-gauge, 22-karat gold plate as in Fig. 6 to correspond with the slightly conical shape of the tooth, narrower at the top; make it into a band and solder with 22-karat solder; fit this to the tooth, and outline gum festoon; remove and cut excess off; get top flush with tooth, and solder a top to the band as in Fig. 7; while it is on the tooth take wax squash bite and plaster impression; before pouring model, wax inside of band. When ready carve band with inlay wax as in Fig. 8, restoring contact points and contour; invest and cast it in hot mold, in 20-karat gold. Fig. 9 shows cast. The number of sprues on the wax pattern varies according to the size of cast.

There are certain modifications in making of this crown; sometimes the band is cut differently; the contour and contact points secured with pliers, top is carved and cast separately and soldered to the band. Sometimes, also, a shoulder preparation done with less grinding at the occlusal of the tooth, following out the anatomy of the occlusal surface (Fig. 10). A compound impression of this taken, packed in amalgam, pattern carved on the die, and cast in platinized gold to give rigidity and prevent shrinkage (Fig. 11). In all cases when teeth are sensitive

* Copyright 1923 by A. G. Augustin, D.M.D.

after grinding, they should be protected with a temporary crown or band made out of copper or German-silver, set in place with some guttapercha.

The cast crown is an ideal crown, most commonly employed in bicuspid and molars as an abutment in bridges, and in restoring badly broken down teeth.

Dr. Calvin S. Case

Dr. C. N. Johnson, at a meeting of the Chicago Dental Society, held April 17th, 1923, presented the following resolutions which were unanimously adopted:

Whereas, the members of the Chicago Dental Society, having learned of the passing of one of its most distinguished and beloved colleagues, Dr. Calvin S. Case, and

Whereas, his many years of service to the profession and people in his chosen specialty had made his name synonymous with all that was progressive and scientific in its practice, and

Whereas, his sterling character and charming personality had endeared him to an ever-widening circle of friends; therefore, be it

Resolved, that the Chicago Dental Society, in session assembled, wishes to place on record its appreciation of his outstanding ability and his many contributions to the science and art of dentistry, and his generous helpfulness to those who sought his professional aid; also, be it

Resolved, that we give expression to our gratitude for the privilege of having labored with him for so many years and our profound sorrow that he has been taken from our midst.

Sterilization of the Dental Handpiece

By C. C. Corbiere, D.D.S., Redding, California

It may seem strange to some that a paper should be devoted to the above subject, and of such I will ask that they kindly suspend judgment until they read this article and then share with me in the surprises that I have met with while investigating this subject. It has been several years now since I received my first surprise on this subject and it will soon be seen why it was my greatest shock. In fact, I felt the need of shock absorbers when I happened to ask a member of our profession how he sterilized his handpiece and received his answer. It seemed to take him off his guard as he said "Why there is no chance to get infection on the handpiece." I said "There isn't! You stick the handpiece into the mouth of nearly every patient, many to the posterior part, and yet you say that there is no chance to get infection on it?" Then when I told him how I sterilized mine, he said "Well, that is a good idea and I will try it."

It was the above answer from a man whom I know to be a fine operator and otherwise very careful and clean which started me on an investigation, of which this article is the result. In most instances the answers have been not only unsatisfactory to me, but have seemed to lack satisfaction to those who made them.

Since receiving the answer above mentioned, a surprising number of men have made the self-same answer, while others have deliberately said "I don't sterilize it," and made no attempt to excuse it, and still others have simply replied that it would spoil a handpiece to sterilize it.

I remember one man putting up the argument that he used his handpiece in such a careful way while operating in the mouth that it did not come in contact with the mucosa nor the saliva, and I suppose this is the stand that those who have said that there is no chance to get infection on it would have to take, if pressed beyond that first question. Now, for the sake of illustration, let us concede, *only for a moment*, that decidedly erroneous thought. Don't the hands get infection on them while working in the mouth and handling the instruments, and then don't those same hands handle the handpiece and scatter germs on it during the same operation? If not, then why is it so important that we should wash our hands when changing from one patient to another, or why go to that trouble at all? In short, why not be consistent?

We all work for many so-called "T.B.'s" without ever knowing it, and therefore we go along with our work and think nothing of it, but if it happens to be known to the operator that a patient has tubercular or other deadly germs, many of our members will start for the atomizer and think that they should spray the nose and throat and then be extra

careful with everything that touches that patient. This is all very well, but, after all, how about the handpiece and the protection of the next patient?

Now, I will say that this is written for the benefit of those only who are guilty of negligence or indifference (and my investigation has disclosed to me that there are many), and it is also for the purpose of calling attention to a dangerous oversight which exists among many members of our profession when so much has been said and written about oral hygiene, sanitation, sterilization, etc.

Let me here quote just a line from two men who are considered authorities on oral sepsis and asepsis. In the book entitled "Local Anesthesia in Dentistry," by Fischer and Riethmüller, third edition, which has been out now only a few months, there can be found on page 200 the following passage: "The probability of infection by way of the handpiece, *that bugbear of sterilization*. . . ." The same passage was also in the second edition of said work, published in 1914.

Some to whom I have put the question of this article have said, "Oh! I wipe it off with a *little* alcohol," while others have said, "I wipe it off with alcohol." Now while the latter answer seems a little nearer satisfactory, I would like to ask the authors of the same if they would be willing to have a handpiece, which has been so treated, after having been used in the mouth of a patient known to have tubercular or other deadly germs, used in their own mouths? If not, then I suggest that they here apply the negative of the Golden Rule, viz.: "Do not unto others, as you would not have them do unto you."

Some time ago I read in an eastern dental journal a question that had been sent to the Question Department asking how to sterilize the handpiece without injuring it and without taking up too much time. In reply, the Editor of that department said that he would tell how *he* did it, but that perhaps some reader of the question and answer could give a better way. He then proceeded to say that he wiped it off with alcohol after finishing with each patient.

Of course the reason for not carrying the sterilization of the handpiece farther is very obvious to us all, which is that "it would spoil its mechanism." This would be true of any ordinary method by which we sterilize other instruments, such as boiling, but there is a way by which the handpiece can be much more satisfactorily sterilized than by any means that has been suggested to me by the many whom I have questioned on the subject, and this I will give at the close of this article. I have been using the method so long that I do not know whether or not it was original but think from my investigation that it was.

While in the office one day of a fellow practitioner and a fine operator in one of our large cities, I happened to be in the operating-

room when he had finished with a patient. He then went into the reception room to greet the next patient, while his nurse proceeded to care for the instruments used on the last patient. I noticed that she very carefully removed all boilable instruments to the sterilizer, but when she came to the handpiece she just as carefully placed it in the cabinet. I then silently named that drawer the "non-discriminating bug-pen," and although I had admired this man's work, not only as I had seen it that day in his office but as I had previously seen it at a dental convention, I certainly would not have taken his chair after that to let him operate in my mouth. The appearance of his office, as well as his personal appearance and that of his nurse, was the acme of spotlessness. I did not mention this subject to him, as under the circumstances I didn't feel the right to question him about the care of his instruments, and, similarly, part of my investigation has been silent observation. This is only one of many similar cases that I have discovered while questioning fellow-practitioners on the subject under discussion, and permit me to say that I have questioned only those who stand well in the profession, and whom I respect.

Some of the readers of this article will doubtless be among those whom I have questioned, and, if so, they will recall that the question was treated in a confidential manner. At the same time, I told them why I had asked the question and that I intended writing it up since discovering what I had, also assuring them that their answers were similar to most of those I had received.

Now, from all of the above, would it not almost seem that the immaculate appearance of some dental offices, that of the operator as well as that of the nurse, is solely for psychological effect upon the innocent and unsuspecting public, when the most common germ carrier in the whole dental armamentarium is being permitted to carry on its deadly work?

A short time ago, a dental-supply salesman, to whom I mentioned this subject, tried to sell me what he termed a metal cover which is made for the purpose of slipping over the direct handpiece while in use, to be slipped off again and sterilized by boiling after finishing with each patient. I asked him if he didn't think that the bugs would crawl under the covers and keep warm while waiting to attack the next victim. At the same time he admitted that such a cover is not made for the right-angle nor the contra-angle handpiece, therefore, even if the said cover were sufficient in itself, we would be very little better off than we were before. Prior to my telling him how I sterilized mine, he proceeded to tell me all about how it would spoil the mechanism to sterilize the handpiece.

I here want to refer to an article in the December number of *The American Dental Journal*, written by Dr. H. E. Harvey, U.S.N.,

of Washington, D. C., under the heading "Methods of Sterilization in Dentistry," in which he calls attention to the importance of sterilizing the handpiece, also calling attention to the great neglect of same, which, to use his words, "presents an unlimited field for cross infection." He describes a method of sterilizing the handpiece, using the same agent, and his manner of applying it while a little different from mine, seems just as convenient, so I will describe them both.

He speaks as follows of the method: "While not being offered as a means for rendering the internal mechanism sterile, is certainly an improvement over wiping with or immersing in alcohol and a very decided advance over no precautions at all."

I claim that only such handpieces should be used as can be easily detached or slipped off for sterilizing. My procedure is as follows: My assistant has always ready a bottle of sufficient dimensions to admit completely the handpiece and the points of the pliers. This bottle is about one-third full of alcohol, possibly a little less to avoid immersion. Taking this bottle in her left hand and a suitable pair of pliers in her right, she firmly grasps the handpiece at the posterior end so that the two are parallel. Now extending it into the slanting bottle, with a sudden, vigorous shake she causes the alcohol to splash all over the handpiece. Then she instantly removes it and ignites it from a flame nearby, allowing it to burn off, which happens before any material harm can come, even to a handpiece partly covered with hard rubber. This simple process is repeated until satisfied. Caution must be used not to return the handpiece to the bottle until certain that the flame has been exhausted; otherwise the alcohol in the bottle will ignite, causing a startling although harmless explosion. A bottle for this purpose is preferable to a test tube, as the latter has no room for the necessary splash. Now comes the time to "wipe it off with alcohol," and what you will wipe off will be the ashes of cremated germs and they will surely let go. You may now go to the next patient, feeling fairly confident that your handpiece, "purified by fire," will not transplant a colony of vicious germs in a new and fertile field.

Dr. Harvey's method differs from mine only in that he applies the alcohol with a medicine dropper. If done this way, it should be over a suitable receptacle for some of the burning alcohol may drop from the handpiece.

The chip-blower and water syringe with rubber bulb (net removed and destroyed) can also be sterilized by the same means. This I have accomplished by dipping or pouring and igniting, but the dropper for this purpose is preferable.

Dr. Harvey says: "Laboratory bacteriological tests seem to justify the method above suggested, as the following experiments were made at the Naval Medical School with the results here given:

"(a) Instrument, after being thoroughly sterilized to eliminate existing contamination, was treated with a bouillon culture of the staphylococcus pyogenes aureus, taking care to work the culture into the crevices. This organism was selected, as it was considered as resistant as any of the ordinary mouth organisms.

"(b) The instrument was then sterilized according to the indicated technic (applying alcohol with dropper and igniting the same). Subsequent immersion in bouillon failed to yield a growth.

"(c) As a check on the above, the instrument was treated as in paragraph (a) and immersed in bouillon without sterilizing, resulting in a pure culture of staphylococcus. A growth was likewise obtained when the instrument, treated as in paragraph (a), was followed by alcohol without igniting."

In conclusion, let us hope that some genius may invent a handpiece that can be as easily and satisfactorily sterilized as other instruments.

Every Physician and Dentist Using X-Ray Machines in Practice Must Obtain a Permit from the Department of Health

Quite recently it has been brought to the attention of the Department of Health that the reason that only 500 applications for permits to conduct X-ray laboratories had been made was a misunderstanding on the part of certain physicians and dentists, for there are certainly many more than 500 physicians and dentists using X-ray machines in the city at the present time. In a recent communication, the editor of a dental publication makes, in substance, this statement: "Section 107 of the Sanitary Code is applicable only to those commercial and other laboratories offering facilities to the general public, and the use of X-ray machines by licensed physicians and dentists does not come within the scope of the section in question."

The Department has repeatedly stated that this is not so, and that, on the contrary, every person operating an X-ray machine must obtain a permit from the Health Department in order to operate it legally, no matter whether it be used for diagnosis or treatment, or both.

This editor asked for an opinion from the Corporation Counsel. This is as follows:

"You are advised that the limitation sought to be placed upon Section 107 of the Sanitary Code and Regulations relating thereto is a very narrow one and not contemplated by the wording of the said sec-

tion. A laboratory is defined in Webster's dictionary as 'the workroom of a chemist; also, a place devoted to experiments in any branch of natural science; as, a chemical, physical, or biological laboratory.'

"The fact that a licensed physician or dentist uses an X-ray machine as a means of examination and diagnosis on his own patients makes the said doctor or dentist amenable to the section of the Sanitary Code which requires that a permit be obtained and that the Regulations of the Board of Health be observed. The section was never intended, as he seems to imply, as limiting the utilization of any device or method of a physician or dentist in diagnosing or examining a patient.

"Regulation 3 was drawn after consultation with the greatest authorities on the operation of X-ray machines, operators and the representative of the State Department of Education, so as to prevent danger from the use of the X-ray machine within the operating room, and the rays emanating from the operating room, as well as protecting the patients and operators, and all other persons and property adjacent or contiguous to or coming in contact with electrical or other current or force or spark generated or incident to the operation and use of the X-ray machine.

"It is, therefore, quite apparent that this Sanitary Code Section and Regulations apply with equal force to individual physicians and dentists who do not hold out or advertise to the public that they maintain or conduct an X-ray laboratory, since the danger to be avoided is from the use and operation of the X-ray machine."

—From Bulletin of Department of Health, City of New York.

Dentists of Atlanta Honor Dr. R. B. Adair

Dr. R. B. Adair was honor guest at a recent dinner at the Capital City Club when seventy members of the Fifth District Georgia Dental Association celebrated Dr. Adair's fifty-fifth year in the dental profession.

Dr. T. P. Hinman was toastmaster for the occasion. The principal speakers were Dr. Rambo, of Marietta, and Dr. S. W. Foster, of Atlanta. Following the main speeches, several of the members made a few voluntary remarks concerning the career of Dr. Adair.

During the evening Dr. Adair displayed to the society instruments which he made sixty-three years ago, when dentistry as a science was in its infancy. At the close of the banquet Dr. Adair was presented with a silver pitcher and a half dozen silver goblets, the gift of the Fifth District Georgia Dental Association.

Past and Present Practice in Great Britain, and the Future Under the New Dental Law

By H. D. Jones, Brooklyn, N. Y.

The practice of Dentistry in Great Britain is undergoing many changes, which may be partly ascribed to the tendency of a large number of the younger men to put aside the cloak of conservatism that has until recently hampered the profession, and partly to the provisions of the recent legislation governing practice.

Many of the men on the other side formerly assumed an attitude that tended to retard the assimilation of new ideas by the patient, and built around the person of the dentist and his work an atmosphere of false dignity, secrecy and awe.

The patient only too frequently faced the dentist with what we may suppose to be the feelings of the cringing felon awaiting the passing of sentence.

Those feelings were frequently unrelieved by any of the mitigations that an intelligent and discreet presentation by the dentist of the facts of the patient's case might bring; and so the trembling patient waited in dread while the inscrutable disciple of Science disdained to descend to the human level and instil encouragement, fortitude and confidence with wisely chosen and truthful words.

Happily for all concerned this relationship between dentist and patient has to a very large extent disappeared, and the wiser men have now laid aside the cloak of ill-advised secrecy and realize that the majority of patients are intelligent humans capable of understanding the significance of many of the dentist's operations and of collaborating with him in his efforts to achieve the desired end.

The British dentist, unlike his American brother, has until recent years been prone to a suspicious dread of new methods and appliances and has preferred to await the results of the experiments of others rather than be a pioneer in new and untried fields of the Dental Art.

This attitude is, however, now giving place to a wider outlook, bringing with it a tendency to greater specialization as evidenced by the growing interest now being manifested in roentgenology, muscle trimmed impression technique, anatomical restorations, etc.

The general tendency in practice at the present time is along moderately progressive lines combined with a more marked policy of enlightenment and education for the patient. Lay knowledge of the profession is comparatively poor and erroneous, no doubt largely due to the traditional attitude of mystery which for generations has surrounded the activities of the dentist, who had formerly considered it beneath his dignity and out of keeping with his standard of ethics to enter into discussions or explanations of his work.

Dentists are now finding that it not only pays in hard cash to put the patients wise, but that patients often appreciate the information that the practitioner gives them and gain confidence both in the operator and the work he is engaged in doing for their benefit.

The dentist in England, prior to the passing of the Dentists' Act of 1921, has been practising under a heavy handicap owing to the inadequate protection afforded him by the Dentists' Act of 1878.

Briefly this act, whilst aiming at the prevention of unqualified practice, actually in effect made conditions for the graduate much more severe than they had been.

On the passing of this measure, all persons practising dentistry, whether graduates or not, were placed upon the Dentists' Register and all other persons were prohibited under penalties from *using the title* of Dentist or Dental Surgeon.

This Act whilst aiming at prohibiting unqualified practice was found in actual use to prohibit nothing more than the use of the aforesaid titles.

Unqualified persons, often illiterate and without professional knowledge, ability or training thereupon opened surgeries and by displaying signs reading Dental Surgery, Dentistry, Dental Institute, etc., evaded the law, and further (although a qualified dentist) was prohibited from advertising in any way whatsoever under penalty of having his name erased from the Register, these unqualified persons having no status and not holding themselves out to be dentists, (except by indirect implication) although in fact practising the Dental Art, were free to advertise unrestrictedly by any means they elected to choose.

This placed the bona fide qualified man in a very anomalous position. Having spent time and money to fit himself for carrying out his professional duties he was bound by the conditions on which he held his license not to advertise, whilst any quack adventurer might set up practice next door to him and "paint the town red" with specious publicity matter, which he usually did.

Thus we see that a man with the very highest academic and professional qualifications received no measure of protection whatsoever. In fact, a practitioner might hold the degree of Master of Arts and be a Licentiate in Dental Surgery of the Royal College of Surgeons of England, and in addition might be a Bachelor or Master of Dental Surgery with the degrees of Member of the Royal College of Surgeons and Fellow of the Royal College of Physicians, still for all that he labored under the same limitations and had no protection from the unprofessional methods of the "unqualified practitioner." Yet amongst the unqualified men it was possible to find many of considerable skill in general practice, and not a few who by perseverance, study and close

application to their profession unquestionably developed a high standard of service.

This latter class of men, in most cases, entered dentistry as mechanics, and perfecting themselves in the laboratory managed to acquire an elementary knowledge of technical procedure in the operating room, which they used as a foundation to build upon.

But beyond these limited exceptions there were others again who had not even the advantage of mechanical training to start with.

The writer is personally aware of two cases of men practising in a town in Northwest England, one of whom had previously been a railroad worker, the other having been a druggist's salesman. Both these men, as it happens, were intellectually of a very low order and became notorious for their sheer ineptitude.

Broken teeth as the result of unskilled efforts to extract, lacerated tissues, badly splintered and sometimes fractured alveoli, and occasionally worse fruits of malpractice became common in the neighborhoods in which these men carried on their unskilled work.

This type of man, for the most part, practised amongst the ignorant and ill-informed laboring classes and usually evaded the consequences of many of his blunders by means of specious tales, or should he by chance be threatened with a damage suit evaded undesirable publicity by a substantial cash payment. Even so, occasional cases figured in the courts but the evil remained unchecked.

This all tends to show the need that even now exists for an intensive educational campaign amongst the lay public, and already children in many schools are being taught dental prophylactic measures and are periodically examined by School Dental Officers. Nevertheless, the great mass of the public of the British Isles are still in apathetic ignorance of the importance of regular dental examination and treatment.

They know, usually in a vague way, that there is a connection between good teeth and good health, but the mass, as a rule, avoid the dental office until compelled by some painful experience to present themselves.

Bearing in mind the lack of legal protection afforded by the law, it will be readily seen that there was not a great deal of encouragement to a young man about to choose a profession for his life work to take up the study of Dentistry, more especially as it was possible to practise without any outlay of time or money expended on gaining professional knowledge, and the result was evident in the acute shortage of competent qualified men.

One factor that helped to alleviate the situation, was the formation by certain of the leading and more skilled irregular practitioners of an organization known as the Incorporated Dental Society.

This body, as it grew stronger, instituted for the observance of its members a code of professional ethics and held clinics and lecture courses, seeking in this way to advance the education of its members and improve their professional status.

As time went on it became a powerful force, accumulating very considerable financial resources, and its executive council finally instituted examinations on professional subjects as a condition of membership.

Practitioners having passed this examination and become members had the advantage of free legal advice if sued for damages or black-mailed, and were entitled to make use of the Society's library and to receive each month a free copy of the Society's monthly Journal, the "Mouth Mirror."

In addition they were further entitled to attend all meetings, lectures, clinics and demonstrations arranged from time to time by the Society at its London headquarters and numerous provincial branches, and participate in all the advantages of such an organization. When it was proposed to introduce new legislation which later became law as embodied in the Dentists' Act of 1921, this organization after a hard fight found itself very favorably placed and received official recognition by the Parliamentary Committee commissioned to enquire into existing conditions, as an institution that had consistently sought to advance the professional efficiency and standing of its members.

On July 28, 1921, the British Parliament passed the new Dentists' Act, amending the previous Act of 1878 and certain provisions of the Medical Act of 1886.

Its first enactment prohibits any person not registered in the Dentists' Register from practising or holding himself out, whether directly or *by implication*, as practising or being prepared to practise dentistry.

Contravention of this section entails a fine not exceeding £100 (approximately \$500 at normal rate of exchange) for each offence.

The administration of the Act is in the hands of a corporate body known as the Dental Board of the United Kingdom.

The General Medical Council was empowered to appoint the first Registrar to the Board, subject to the approval of His Majesty's Privy Council, subsequent holders of the appointment being appointed by the Dental Board itself.

Persons having a right to registration, by virtue of having been in practice prior to legislation, were required to show proof as to being of good personal character; of being 23 years of age before the commencement of the Act; of having been engaged for five or the seven years preceding the commencement of the Act in the practice of dentistry as their principal means of livelihood, or, of having been admitted

a member of the Incorporated Dental Society not less than one year prior to the Act.

For dental mechanics a modification was made which, whilst embodying the qualifications as to character and age, demanded proof of having been engaged in the practice of mechanical work for five of the seven years preceding the Act.

Such persons on passing within ten years the examination prescribed by the Board to meet such cases become registered as dentists.

This examination is held in London and several provincial centres, and is written, oral, and practical in form.

It covers the anatomy of the teeth, mouth, sinuses and associated parts; an elementary knowledge of the respiratory and circulatory systems; and an elementary knowledge of the various pathological and inflammatory conditions of the tissues and their treatment.

A knowledge of syphilis and morbid growths in the mouth, and further a knowledge of and the uses of the instruments, tools, appliances, drugs and materials commonly employed in practice.

The use of aseptic methods and sterilization, and a knowledge of anesthetics and the dangers and complications liable to arise from their administration is also covered, as also the practice of dental mechanics.

In addition a candidate must show a sufficient degree of skill in the performance of operations and the giving of treatment and advice in the simpler cases met with in practice.

This examination, modified though it be is, I understand, a fairly exhaustive test of the candidate's practical abilities, and should go far to preclude the possibility of those who are totally unfit from having their names placed on the Register.

The Act became law on November 30, 1922, and will effectually safeguard those entering the profession through the usual channels.

Given this long-needed protection I believe that dentistry in Great Britain will make rapid advances, more especially as the process of time brings about the elimination of that type of man, who although giving splendidly conscientious service, was undoubtedly often wrapped about with the traditional conservatism, secrecy and false dignity of the past.

The practising, unqualified but registered man, as distinct from his qualified and registered brother, within the course of time and nature becomes, like the dodo, an extinct species.

Given these improved conditions, I venture to think that it will not be long before the men now taking up dentistry as their life work will have brought the reputation of the British exponents of this ancient art into line with all that is progressive and best in the profession.

These young men, keen, progressive and receptive to new ideas, will be the teachers of the British public and more especially of the

great middle and working classes who will benefit by their increasing knowledge of this all-important branch of the healing art, bringing with it, as such knowledge must, increased national efficiency and good health.

768 Union Street.

Westchester Dental Society

MEETS THE THIRD TUESDAY OF EACH MONTH, OCTOBER TO MAY,
INCLUSIVE, AT THE YONKERS CHAMBER OF COMMERCE,
35 SOUTH BROADWAY, YONKERS, N. Y.

The eighth regular meeting of the Westchester Dental Society was held at the Yonkers Chamber of Commerce, 35 South Broadway, Yonkers, N. Y., on Tuesday, May 15th, 1923, immediately following an informal dinner given in honor of the essayist. The meeting was opened at 8:45 P. M., Dr. A. S. Rochlin, presiding.

The essayist of the evening was Dr. Herman Ausubel of Brooklyn, who read a most interesting and instructive paper, entitled "Tips on Anesthesia and Surgical Exodontia." The lecture was profusely illustrated with lantern slides, covering many types of cases that come under the observation of the oral surgeon.

The paper was discussed by Dr. J. Edward Berger of Yonkers, Dr. I. Linder of Yonkers, and Dr. Frederick Birnberg of New York, all of whom contributed considerably to the success of the meeting by the important points brought out in connection with the subject.

The meeting adjourned at 11:30 P. M., closing the season of 1922-1923.

Future Events: An outing to Bear Mountain will be held on Thursday, June 28th, 1923.

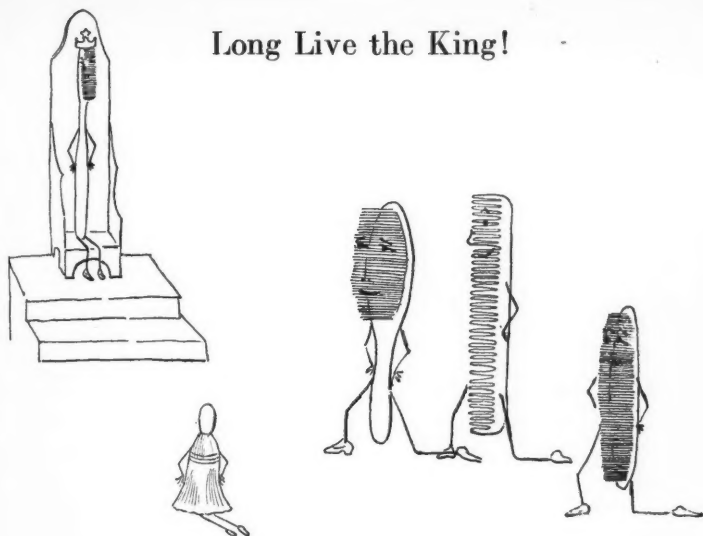
Dr. Theodor Blum will lecture on Oral Surgery at the October meeting.

Mr. Samuel G. Supplee and Dr. Clyde H. Schuyler will lecture and clinic at the November meeting.

H. ROSENBERG, D.D.S., *Secretary*,
15 Palisade Avenue, Yonkers, N. Y.



Long Live the King!



Of course it is not expected that you will imagine, at first glance, that this picture was made by Michael Angelo, but just the same it possesses an element of surprise and importance that makes it almost as notable as if it had been the work of some great artist.

When a boy only 12 years old can "line up" his ideas of such a subject so convincingly, it shows that he is a born genius, or, that his parental training in such matters has been fully understood and appreciated.

You will observe that the Toothbrush occupies a Throne, while the comb, broom, hairbrush and clothesbrush are on bended knees acknowledging him as the King of toilet articles. The point is, that the boy knew, probably from personal experience, that the Toothbrush actually deserved this distinction.

The name of this 12 year old artist is Paschal David Holcomb, Jr., the son of Dr. P. D. Holcomb of Clarksdale, Miss. We trust he will go on developing a similar understanding of many other intricate phases of life as successfully as this one. We are pleased to give his little picture space in our Journal as a practical object lesson in juvenile achievement.

Building a Fortune

Twenty out of every hundred Americans have the ability and lay the groundwork to build a fortune. But only one succeeds and keeps it through his life. The critical period, economically, lies between the ages of thirty-five and forty-five. Of those who live in comfort, or are counted "well-to-do" at the age of thirty-five, 75 per cent fall to the border line of self-support in the ensuing ten years. If this waste were eliminated there would be far less of tragic dependency in old age.

Psychology in Dentistry

By S. Joseph Bregstein, D.D.S., Brooklyn, N. Y.

(Continued from June)

As a prerequisite to gaining a patient's trust, it is essential for the dentist to demonstrate confidence in himself. It matters little how cocksure he is of his abilities. If he cannot convince the patient by conveyance of thought, that he has utmost confidence in himself and that he thoroughly comprehends the subject he is discussing, then that patient will usually remain silent and go elsewhere for treatment. Primarily, it is good policy to fix in the individual's mind, not by fabulous claims, but implications, that you, the doctor, by your specialized training in dentistry, are capable of performing with utmost satisfaction to him that for which he has come into your office. When this idea has been properly established, then only will the patient feel assured that he can place trust in this dentist.

However, if the D.D.S. is the type of individual who grazed through his college curriculum by a hair's breadth, surely he cannot intelligently discuss dental subjects with his patients to a point of moulding their minds by these external stimuli to react in his favor. This dentist needs to replenish his stock of knowledge and gain for himself a sound footing so that he will not appear like a stuttering youth in the eyes of his patient.

There is a stage in denture fitting that I choose to call the "Psychologic Treatment." Every patient who is learning to use an artificial denture has to pass through this stage with few exceptions. Rarely do we encounter a case which is placed into the mouth and from the first sitting causes no after trouble and fits and feels like the individual's own teeth. So we shall herein disregard the exception to the rule. Most cases—partial or full restorations—need trimming in places or have to be relieved in spots where there is too much pressure. The patient has to learn to use a new plate like a child first learning to eat and talk. The dentist plays the parent part with the patient and helps him learn how to use his new teeth.

In many cases after the bite is perfected and all high spots and sharp edges removed, the patient will claim that he cannot use the denture for one reason or another without dropping (in the case of a full upper, for example). Of course, the patient has not been wearing the appliance for a sufficient length of time to be able to master its use. He is like a creeping child learning to walk who cannot hold his equilibrium. Careful perseverance, however, mixed with a wee bit of patience will bring about success. But the patient in most cases becomes impatient and wants quick results. Here is where auto-

suggestion plays its part and where we employ "Psychologic Treatment."

Inform the patient that you will have to make some slight changes on the plate which will correct whatever seems to be his individual trouble, and it is necessary for you to retain his denture for twenty-four hours to do this work. Nothing, however, is done to the plate.

It is amazing how a patient who, prior to "psychologic treatment," could not chew bread crust with a full upper denture, could not chew steak and corn without the plate dropping.

Of course, if a case is poorly constructed then all the psychology in the world cannot rearrange a patient's mental attitude toward making the denture a success; for here we have a purely physical condition with which to deal.

This essay is intended to suggest neither charlatanism nor misrepresentation to the patient. Its principles if carried out and employed with discretion are intended as an aid in creating a more harmonious mental atmosphere between the dentist and his patients. It is an attempt to stimulate the dentist's interest in the importance of thoroughly recognizing the relationship existing between his acts and words and the minds of his patients.

We should endeavor to employ, as often as possible, the Doctrine of Association. That is, associate pleasant thoughts with your work and the patient's mind will react accordingly. Have each patient leave your office with a smile and when he speaks of his dentist let there be evident that mutual mental understanding, so that he will consider painful dentistry an obsolete term in his vocabulary.

6729 Fifth Avenue.

On to Cleveland—Sept. 10 to 14

The Rockefeller Foundation

The Foundation was chartered by special act of the New York Legislature on May 14, 1913, and while the charter broadly stated the object as "the well-being of mankind throughout the world," the work of the Foundation has become chiefly centered upon public health and medical education. During its first ten years of existence the enormous sum of \$76,758,000 has been expended, according to an official report just issued. Referring to this report the *New York Times* said in an editorial:

Of all the achievements of the Rockefeller Foundation during the first ten years of its existence, nothing stands out so strikingly as its work in prevention of disease. Not only has it fought and in large areas eliminated yellow fever, but it has done much to control the less virulent malaria and hookworm. Though they took no death toll comparable to yellow fever, they yet brought suffering and disability to millions of persons. In France the Foundation also conducted a successful campaign for checking tuberculosis, and in this city devoted a part of its funds to the study of the prevention of infantile paralysis. As a result, hundreds of thousands of lives have probably been saved, and certainly the health and happiness of millions have been gained.

Great as has been the devotion of scientists and doctors working in laboratories and hospitals, to the men in the field goes the main credit for spreading this gospel of health under conditions which have often been as arduous as those which faced the early missionaries. These agents of the Foundation have had to combat superstition and sometimes open hostility. Ignorance has been their worst foe, and next to it the weight of custom and tradition. Often facing personal danger from the diseases which they were fighting, these health missionaries have gone about their work uncomplainingly, receiving a smaller material reward than they could have earned had they stayed at home, but reaping the gratitude of those whom they have succored. Into the disease-ridden tropics of Central and South America they have carried the secret of health, and to the overcrowded regions of China they have brought the first rudiments of sanitation.

This is a magnificent enterprise. The wise and large gifts of Mr. Rockefeller made it possible for these men to devote themselves to it with such earnestness. They have demonstrated their conviction that the work of the Rockefeller Foundation is one of the greatest of modern services to humanity.

Human Nature and Artificial Dentures

By — —

(Name of writer known to Editor but withheld)

In my experience with people who come to me for their artificial dentures, it is ever a surprise what a small percentage have any conception of the fact that there must be individuality in the work. Time and again, I have had patients come into the office and say something like this: "I want a set of teeth like the set you made for So-and-So. They are just like what I want."

It is still more surprising how few people realize that the right artificial dentures can improve the expression made wrong through the fault of the natural teeth. A number of years ago, there came to me a woman with large protruding teeth that made a person think of tusks. She had fine skin, beautiful eyes and a good disposition, but her teeth were a positive disfigurement. At her time of life the best thing to do was to extract, but neither she nor her husband would listen to such a thing. A year went by, and then the husband called me and said his wife wanted her teeth out that very day. I was mystified about the sudden hurry until she explained that she had been thinking over what I had said and decided that I knew what was the best thing to do. There is another point: often when we think we have just wasted our breath and time, it is not so at all. I might add that today this woman has a charming expression and that her artificial dentures have been a big advertisement for me.

I had a case similar to this but more pathetic, as the patient was young and felt that she was barred from good times because of her disfiguring teeth. I fitted her with an upper plate, as her own dentures were poor. Inside of a year she was married. Later she went away for an operation, and when she returned, she came to tell me that the surgeon who operated would not believe that she had artificial dentures until, to prove her assertion, she made a move to take them from her mouth. She came to me and told me the experience and expressed rather touching gratitude.

The greatest amount of spoken appreciation I ever received was from a girl with a cleft palate. She and her mother came to me to see what I could do to help her. The girl's articulation was so dreadful that I could not understand her. I fitted her with an upper plate and that was the last I saw or heard of her for years. Then, one day she walked into the office, looking fine and articulating as well as the average person. She said she had been living in another state and that the trip back was made mostly for the opportunity of thanking me

personally for what I had done for her. This particular case has brought me inquiries from other people regarding plates for people with cleft palates.

Fourteen years ago, a man came to me, very much perturbed. His mother whom he had not seen for a long time had come to visit him and was toothless. She admitted that she had been without teeth for twenty years. He asked me to make artificial dentures for her. She refused to have them, stating that I was charging too much. The son conspired against her. I was to tell her that I would make them for ten dollars and he was to pay the balance without her knowledge. Again she refused to have dentures, this time her argument against them being that she would not live long enough to pay for even a ten dollar investment. We prevailed, however, and won out. She wore them without complaint and I was mystified, as I expected trouble for the reason alone that she had been so long without teeth. She admitted frankly why she was wearing them constantly; she was going to get her money's worth out of them. She is still living and wearing them. This case helps explain why people are very often satisfied with their teeth: they want to get returns from a financial investment.

The people who complain the most are the ones who have not paid me. The people who have paid me are like the old lady I have just mentioned; they are going to have "value received," if such a thing is possible.

I am located where I get a big out-of-town business. Men and women often come a long distance for their dentures. I take their impressions and they go home, perhaps miles from a railroad. If the patient has not paid me, I send the package C. O. D., and usually that is the last I hear from the patient. If the patients happen to write to me, they tell me they are getting along fine. But they seldom write unless to make an appointment for some other member of the family. Indirectly, I often hear that the dentures are all right, simply could not be beaten.

Only about ten per cent of the complaints I receive are from the people who have paid me. Here is a case to illustrate an instance in which I got neither thanks nor money. I had a patient, a thin, sickly-looking woman whose husband was out of work. I felt sorry for her and fitted her with artificial dentures that were an excellent fit as far as I could determine. But the woman did nothing but find fault, in spite of the fact that her health improved right away and she gained considerable weight. Up to date I have never received a cent from her. Last month, in reply to a statement, the husband wrote and said that the dentures were no good and never had been.

Here is a different story. A poor woman out in the country had to make a big effort to pay for her dentures, but she managed it by

paying a little at a time. The other day she sent me word that her teeth were "just wonderful," and added that she could bite thread with them. Now I am making dentures for her daughter.

People certainly are proud of their dentures when they fit and look well, and how far they will go to let others know about them is laughable. I fitted a wealthy, socially prominent young man with a removable bridge made up with platinum. I met a friend on the street not long afterwards who said, "Say, you didn't charge that guy half enough for that work. He is so proud of it that he is taking it out and showing it around to the fellows." I had to send for him and tell him to "lay off" on the exhibit.

My experience has been that the people with homely teeth are the ones who are the hardest to please, usually wanting the most artificial-looking teeth. They want them regular, small and pure white. Often it is almost impossible to talk them away from that kind. I am sure I have had more trouble with the right coloring than with anything else. Just recently, a young woman would not listen to me at all about the color of her dentures. It was to be what she wanted or nothing, so I capitulated. In a few days she was back telling me that she did not like them and insinuating that I was to blame. I then opened her eyes to her own mulishness, reset the teeth and charged her for the extra work. Not long afterwards she said to me, "Everybody tells me now how nice they look."

I did hold out against a man and lost him. (He is small and wears a short-clipped dark mustache.) I told him what he should have. He was going to have white or none at all. He got them, but not in my office. Today his appearance is ridiculous as his teeth not only are as white as possible but are large and regular. I have been asked if I were the guilty party who fitted him and I am relieved when I can say I was not.

There are people who always want the cheapest kind of work, get it, and then come back dissatisfied. Very often they are the people who could afford to pay the most. They fear that they are getting the worst of it financially and feel that perhaps they could have done better by going elsewhere. The most frequent complaint they make when they come back is that they have seen work which they liked better than their own. This class of people is irritating, but not so bad as the people who think they should never suffer any inconvenience. They are the hardest to work for along this line.

It is ever a mystery to me why so many people are so careless about their artificial dentures as to fit and appearance, and still more of a mystery when I consider the people who are. For instance, I fitted a banker's wife with temporary plates, explaining about the permanent set, etc. One day I heard some one say, "Whoever fitted

her must have been a bum dentist." I sent for her to come to the office. She replied that she was too busy. I then asked her if her plates were loose and she said that she guessed they were but that she never paid much attention to them. The only way I could get that woman back to be fitted properly was by speaking to her husband about its being time that she had her other set. I fitted her out and her husband complimented me on the work, saying that he did not realize they could be made to fit and look so well.

Just the other day, I had a patient who told me that she came because she liked Mrs. So-and-So's teeth so well. Then she added that she did have awful ones at one time. I told her that her own would look the same way if she wore them after her gums had shrunk. I believe this case taught me to give more specific instructions to patients regarding temporary and permanent dentures. I have had many, many people who did not care at all how their teeth looked as long as they fitted all right. They have to be educated about appearance.

One case in particular has taught me not to over-talk myself. Nineteen years ago, I made artificial dentures for a woman. Last year she came back for some repair work. At once I saw that she should have new dentures. I told her so and explained how new dentures would make her look years younger. I proved that my assertion was correct. With the new dentures in her mouth she was a much better-looking woman. But she was not satisfied at all. She found fault until I told her to leave the dentures with me. She did, and walked out of the office wearing her old ones. I had made her think, most likely, that she was going to look as she did in her early youth. She did compliment me on my ability to control my temper to another patient, and that was worth a whole lot!

Another patient had her teeth X-rayed and the pictures showed that they should come out. I never saw a woman so worked up over anything as she was over the thought of wearing "false teeth," as she called them. Here I was very careful not to say too much, knowing that a whole lot of trouble was in store for me if I did. I took an impression of her own teeth before extraction and today people would not know she was wearing "false teeth," if she did not tell them. But here is a phase of human nature: knowing they look all right, she doesn't seem to be sensitive or care at all who knows that they are artificial, as I mentioned previously. Work of this kind is sure to get publicity, especially if the patient is prominent, as this woman happened to be; and it brought me a patient who made my life miserable for weeks.

A woman came from a distant city to have me make dentures for her. She came covered with veils and carrying an impression of her teeth which she had had extracted in Canada. She was wealthy and

socially prominent in her own city and it was evident by her conversation that she did not want people there to know that she was going to wear artificial dentures. I fitted her with dentures that looked like her impression and all she did was to find fault. Here was the trouble. Her own teeth had been far from perfect in appearance and, while she wanted her new dentures to look like them so that people would not recognize the difference, still she wanted better-looking teeth. You could not reason with her that it was not possible to have them like her own and still have them far better-looking. I finally had to tell her that it was impossible for me to give her the service she desired. I have been told that she has gone to many dentists and still is not satisfied.

It is queer how people expect their artificial dentures to last a lifetime. They will follow the latest styles in clothes, buying them without a murmur of protest, but just tell them that their dentures should be replaced by better ones and what a howl there very often is! What is the matter with my work? So-and-So got her dentures from another dentist and she is not having any trouble. What am I trying to do? Work her for more money? Many people believe that dentistry stands just where it did twenty or thirty years ago. I say to a patient that his dentures can now be improved by newer and better ones. The answer comes back, "Why didn't you do it like that in the first place?" Perhaps the time referred to is back twenty years.

People are very much afraid of ridicule when aimed at their "false teeth." I often have to combat it. Here is a recent case. A patient came in and I asked her how a relative was getting along with her new dentures.

"She won't wear them," was the reply.

"Why not?" I asked in amazement, for the dentures had been satisfactory when she left the office.

"Oh, people tell her she talks like old So-and-So." (So-and-So is a man with a hare lip.)

I had to send word to the woman that she must wear her teeth and as soon as she got used to them her articulation would be all right. Her husband came in the other day and told me that she is getting along finely now that she wears them.

A patient lost a tooth out of her upper plate almost fifteen years ago but she will not send them in for repair. She told me that some one might see her without her plate and laugh at her.

Just lately I had to make over a plate because the woman's thirteen-year-old daughter did not like it. I had improved the woman's appearance but the child was not used to it and wanted her mother to look "the old way." Mother gave in and looks several years older than necessary. I have had several cases like this in which the family inter-

ferred because mother or father did not look natural. So, to please the family, the patient wears teeth that are too short or too small, etc.

Work of this kind takes endurance, patience and a sense of humor. Sometimes one of these is the saving grace; again it may take a combination of all three to strengthen professional skill.



American Dental Association

First meeting of the American Dental Association, Washington, D. C., 1860.

In 1896 at Old Point Comfort the American and Southern Coalesced and adopted the name of National Dental Association.

In 1922 at Los Angeles, the name was changed to American Dental Association.

September, 1923, will again be the first meeting of the American Dental Association, to be held at Cleveland, September 10th-14th.



The September Meeting

HOW TO REACH CLEVELAND

Plan your vacation so you can attend the meeting of the A. D. A. in Cleveland. You will enjoy cool, invigorating September weather after August's heat.

Cleveland, situated on Lake Erie, is one of the main ports on the greatest chain of inland lakes in the world.

Men from the West can arrange their itinerary by way of Duluth, thence across Lake Superior, through the great locks at the Soo, down St. Mary's River and Lake Huron, Lake St. Clair, beautiful St. Clair flats and Detroit River to Lake Erie.

Stop-overs can be arranged along this inland water route which will enable you to see some of the most beautiful scenery North America has to offer, Macinac Islands and Georgian Bay.

Those coming from New York and other points East, can travel all the way to Cleveland by water, with only three short connecting links by rail. This route includes Hudson River passing the Palisades and Catskills to Albany, north to picturesque Lake George and Lake Champlain, nestling in the heart of the Adirondack Mountains, affording scenery which is not surpassed elsewhere in the United States.

From Lake Champlain, a short jump by rail brings the traveler to Montreal, a city of many interesting sights.

From Montreal, the trip down the wonderful St. Lawrence River past the Thousand Islands, brings to you scenery never to be forgotten. Then across Lake Ontario, touching Toronto and Buffalo with stop-overs along the route, including Niagara Falls, which we all know as the largest waterfall in the world.

From Buffalo we approach Cleveland via Lake Erie.

No one can know the natural wonders of their country without having seen this chain of beautiful waterways.

From Cleveland, numerous short side trips by water can also be arranged. Cleveland is readily accessible by rail from East, West and South.

Members and their families wishing to tour to Cleveland, will find splendid roads leading there from East, West and South.

REGISTRATION AT THE MEETING

The registration for the Cleveland Meeting will be handled in a newer, better and more efficient manner than any previous meeting. Experts on this problem have been consulted and a plan has been formed whereby much of the confusion and delay usually accompanying the registration of eight to ten thousand people have been eliminated.

Each visitor will be given a card made out for him. These cards will be handled by experts who will be able to give out information very rapidly. The facilities for registration at the hall are ideal and very little of the time of the members will be taken in the task of registration.

This department will provide a daily list of all registered, and have it classified by states.

This list will be published and also provided for the use of the Information Committee. It will then be a simple matter to find out if a friend whom you have not seen for years is in attendance or not.

EXHIBIT COMMITTEE

The Exhibit Committee of the A. D. A. wish to place before the members of the Association the fact that the Dental Exhibit at the meeting to be held at Cleveland, Sept. 10th to 14th, inclusive, will be the largest, most elaborate and instructive that has ever been held in connection with the A. D. A. We want you to realize that this Exhibit will not be simply a side issue or event of the meeting, but will be one



This is the great Hall where the principal Dental Exhibit is to be located. The picture shows the superb possibilities for making an elegant display of goods.

of the main attractions. In order to firmly impress this upon your mind it will only be necessary to state a few facts, namely:

The Exhibit Hall at the Public Hall is the most complete hall for this purpose in America. It is well lighted. The ventilation is superior to any other hall in America. Every convenience is already installed for the use of the Exhibitor. Every arrangement has been made for utility and service, and it is the aim of this committee to give a service to the Exhibitor he has never enjoyed before. All arrangements are practically completed.

The members of this committee want the members of the A. D. A. to understand that we appreciate fully the immense value of a complete and diversified exhibit, and we aim to give them something that they cannot afford to miss.

The sessions, registration, etc., of the meeting have been so arranged that eighty per cent of the activities of the meeting will be held in the Public Hall, where the Exhibits will also be held. In the face of these facts how can you afford to miss this meeting? You certainly cannot.

Come to the Cleveland meeting, boost the Cleveland meeting, and help yourself and your neighbor.

CLINICS

The Clinic Program will be the largest and most elaborate ever presented at a National meeting. There will be *individual clinics* to satisfy the man who likes the old fashioned, personal contact and conversation type of clinic.

There will be *group clinics* in which each man will with great precision demonstrate a particular step in technic. This type of clinic is decidedly educational, presenting the most approved methods in technic in an ideal manner. There will be *surgical clinics* for those interested in operative procedures under anesthesia. Every technical procedure in dentistry will be represented on the Clinic Program. Two half days of Clinic Program, Thursday afternoon and Friday morning, will give ample opportunity for all in attendance. The Clinics will be so arranged that each half day will present half of the group of clinics on each subject. Some of the clinics will be designed to demonstrate the papers presented in the Sections. Eighty-five per cent of all knowledge is acquired through the eyes; therefore, come and enjoy the Clinic Program and carry home a fund of ideas that will be helpful in practice.

The Clinic Program, with the exception of Surgical Clinics, will be held in the Six Million Dollar Auditorium. The most wonderful lighting system known is in this building. Every dentist will enjoy

the play of colors that flood the Auditorium on appropriate occasions. This great Auditorium is delightfully located near the banks of Lake Erie, some 70 feet above the water level, overlooking a most interesting harbor where iron ore, limestone and coal meet. This Auditorium is a part of the famous Mall which Cleveland has been developing during the past two decades.

Cleveland is far enough West to appreciate Western hospitality, and we assure you a happy and interesting week—September 10th to 14th, 1923.

ILLUSTRATED CLINICS

Every member of the Committee on Illustrated Clinics has pledged himself to give his utmost attention to the needs of the essayist or clinician requiring the use of a lantern to illustrate his subject.

To facilitate the efficient distribution of the lanterns, a large chart is being prepared, showing the number of lanterns in use, when and where being used. This chart, which will hang at Headquarters, Public Auditorium, will show at a glance where the lanterns are situated. It will also show the name and hotel room number of the essayist or clinician using a lantern.

A member of this Committee will be in charge at each Section's Headquarters to see that the lantern is ready when needed. He will also see that the slides are properly received and returned to the essayist without breakage or loss of time, thus making it possible to perform our share in making this Cleveland Meeting a big success.

DENTISTRY IN THE CLEVELAND HOSPITALS

Many of the visitors to the American Dental Association Convention will be interested in seeing some of the work being done in Cleveland hospitals. Cleveland City Hospital has a well-organized dental staff. At this hospital, which is a Municipal institution of over 1200 beds, the dental staff is responsible for a complete department and is recognized as of equal grade and standing with the departments of Surgery, Medicine, etc. The staff consists of a Department Head, two or more Visiting Dental Surgeons and a Resident Dental Surgeon. Including the outpatient dispensary cases this department renders services to 4000 or 5000 patients each year. Most of these require general anesthetics. Also Nitrous Oxide-Oxygen anesthetics for surgical operations outside this department are usually administered by a member of the Dental Staff. Operations in this department include everything in the catalog of jaw surgery, but consist mostly of exodontia cases.

The Dental Department is also responsible for a teaching course on Dental Surgery and Mouth Hygiene in the School for Nurses which is attached to the Hospital. This is a required course, and student nurses must attain a passing grade before they are eligible for graduation.

Besides seeing strictly dental cases the Visiting Staff works constantly in cooperation with staff men of other departments in matters of diagnosis and treatment of hospital cases.

Dr. Herman C. Kenyon inaugurated this service six years ago, and has been the Head of the Dental Staff since that time. The other members of the Staff at this date are Drs. P. J. Aufderheide and W. A. Nichols.

Visiting members of the American Dental Association will be welcome at the City Hospital.

MOUTH HYGIENE AND PUBLIC INSTRUCTION

Last year President Hartzell requested the Council on Mouth Hygiene and Public Instruction of the American Dental Association to prepare a Health Exhibit for the Los Angeles meeting. Many organizations were represented, and the exhibit far exceeded the expectations of the Council both in the number of exhibits and the interest shown in the exhibition. In fact, so great interest was shown that Dr. Buckley notified the Council to stage another Health Exhibit at the Cleveland Meeting.

The Local Committee thought so well of the Health Exhibit that they gave us the best space in Cleveland, the front of the main floor of the new Auditorium building. Fourteen thousand square feet have been allotted and possibly more will be requested. The Health Exhibit will cover all phases of educational dentistry. Everyone interested in educating the public should plan to spend considerable time at the Exhibit.

If you want to start a Dental Clinic in your Schools, Settlement Houses, Y. M. C. A.'s and Factories you can learn all the details and many other interesting facts at this Exhibit.

The list of contributors that have already been provided with space to exhibit, include societies from the following states: Massachusetts, New York, Ohio, Pennsylvania, West Virginia, Indiana, Michigan, Illinois, Wisconsin, Minnesota, California, Mississippi, North Carolina and Louisiana.

We also expect exhibits from the Forsythe and Eastman Dental Dispensaries, the McDowell County, W. Va. Clinics, City of Cincinnati, The Child Health Demonstration of the National Health Council, the National Association of Industrial Dental Surgeons, the Na-

tional Cash Register Company, Metropolitan Life Insurance Company, The National Lamp Company, Cleveland Mouth Hygiene Association, and about ten local child-helping organizations that are willing and anxious to exhibit, because of their appreciation of the value of Mouth Hygiene in the work they are doing. Dr. Weston A. Price will have a very interesting exhibit of work on Dental Research, as will also the Dental Hygienists of California.

The Committee on Information will have booths and attendants at the Public Hall, and at all of the downtown hotels. Our work will be greatly assisted by the daily news which will be issued each day of the Convention. Members of the Committee will be prepared to give out information continuously, and we hope to be able to answer every inquiry.



**SPECIAL NOTICE ABOUT
TRANSPORTATION TO CLEVELAND**

Those attending the meeting and wishing to make the trip one way or round trip to Cleveland by water, via the Great Lakes from the West, or the St. Lawrence River from the East route, should get in touch with the nearest Steamship Agent or apply to Dr. W. J. Pryor, Local Arrangements Committee, 761 Rose Building, Cleveland, Ohio, for information regarding same before purchasing railway tickets.



Opinions of Prominent Dentists

The following opinions concerning the great meeting of the American Dental Association to be held in Cleveland, September 10-14 are well worth reading. The judgment of these men is regarded as some of the best in this country.

You can't prevent having a big meeting. It should be the largest and best yet held.
JOHN P. BUCKLEY, President.

I fully expect that the attendance at the American Dental Association Meeting at Cleveland will break all records.
W. A. GIFFEN, President Elect.

The more I think of the splendid way in which everything is lined up for the great meeting next September, the more I am impressed with the fact that Cleveland will stage a meeting that will establish in dental history, a precedent that will be hard to excel in many years to come.

OTTO U. KING, Secretary.

A preliminary survey indicates that the Cleveland meeting will be the largest and most scientific Dental meeting ever held.

Arrangements and accommodations for those in attendance will be satisfactory in every respect.
F. M. CASTO, Chairman Local Committee.

I believe our steadily reviving economic and business conditions warrant the hope that the meeting of the American Dental Association in Cleveland will, because of the central location of Cleveland and the exceedingly favorable season of the year which has been selected for the meeting, and because of the ever-growing interest in the dental profession in the American Dental Association, which has been shown by the great increased membership attained in 1922—be a bigger, better and more helpful meeting for those who attend it than any previous meeting.

THOMAS B. HARTZELL, Past President.

Of course we are going to have a big meeting at Cleveland—the biggest ever. I'll take off my coat and help in every way.
C. N. JOHNSON.

The quality of the meeting, I am satisfied, will be of high order. There is probably no body of men in the United States which has improved in quality more than the members of the dental profession in the last decade. It may not be apparent to all, but I am convinced that they have greatly improved in judgment. If anyone doubts it, just tell him they have selected Cleveland, for their next place of meeting.

As to how many of these good fellows will be there, I think it is safe to say there will be seven to eight thousand.
TRUMAN W. BROPHY.

Considering the importance of Cleveland as a focus of dental affection I do not see why there should not be an inflammatory outburst of dental professional activity in the coming meeting that will surpass any previous manifestation of constructive dental activity in our history. If my wish can be regarded as the parent of the thought the success of the meeting is already assured.

EDWARD C. KIRK.

I have never attended a meeting of the American Dental Association without learning something which has been of importance to me in practice and I certainly expect to learn more than ever at the great meeting projected for Cleveland.

R. OTTOLENGUI.

My opinion of the size and quality of the meeting of the American Dental Association in Cleveland, September next, would say that I do not know what the program will be but from what I know of John P. Buckley the President and his associates in office I know that the program will be one of the best that has ever been presented at any meeting, and from what I know of Cleveland and the live bunch of fellows who are in charge of the Local Arrangements I predict the largest meeting that the Association has ever held.

J. V. CONZETT.

Cleveland is admirably situated to make it convenient for a large number to be present, and the time of the year should not interfere with the vacation periods of the members. Local Arrangements are splendid in every way and there should be no difficulty in properly staging all of the activities of the Association. The profession in Cleveland has had experience in conducting large meetings, and I feel certain that everything possible will be done for the convenience and comfort of those present. From what I have learned, I know that the quality of the papers, clinics, etc., will be of the very highest order, and should attract those who are interested in keeping up with the procession.

H. J. BURKHART.

In my opinion the meeting at Cleveland should be the largest and best organized in the history of the American Dental Association. With the knowledge gained from past experience in handling the Association in 1912; with the accessibility of Cleveland; with the hotel and auditorium facilities you have, there is no reason why the Cleveland meeting should not be an epoch-making one.

THOMAS P. HINMAN.

According to my way of thinking, considering the matter from every possible angle; the central location, railroad facilities, local accommodations, the improvement of dental business conditions generally and financially, it seems to me that the coming meeting of the American Dental Association in Cleveland, Ohio, September 10th to 14th inclusive, is predestined to be by far greater in the point of attendance than any previous meeting.

CARL D. LUCAS.

It is my opinion that Cleveland's location geographically, being so near the center of dental population; her accessibility from all parts of the U. S. A., her unequaled facilities for housing and conducting a great meeting, should make this the banner meeting in the history of the Association.

I. C. BACON.

I have taken some pains to look over the personnel of the various committees, and I cannot help but feel that a program will be offered which cannot fail to attract a large attendance. Without doubt Cleveland is one of the best Convention cities in this country, and with the facilities you have at your command the next meeting should go into history as one of the greatest ever held. The spirit of research and investigation is abroad in the dental profession, and with a good program assured everybody will want to be there. HENRY L. BANZHAF.

Season, location, pep, and convenient facilities, together with greatly increased membership of the American Dental Association should make the Cleveland meeting the greatest to date both numerically and professionally.

J. F. BIDDLE.



The American Dental Golf Association

The severe restrictions of privileges extended to associations of any kind by directors of local clubs make it necessary to hold the tournament over at least three courses. The clubs extending privileges to date are Willowick, Canterbury and Oakwood. So far as can be arranged, Monday, September 10th will be the date, or at least the beginning of the large event, and some feasible way which we hope to be satisfactory will be planned if all members cooperate in forwarding any information requested in advance.

This will be absolutely necessary if confusion is to be avoided, and the proper mental composure retained for the good of the individual's game.

The Dental Golf Association of Cleveland, which was recently organized, is doing everything in its power to make this meeting a real success.

Arrangements are complete for the Golf Dinner, and this will be held in the "Rainbow Room" of Hotel Winton, on Sunday, September 9th, at 7 P. M. The price will be Four Dollars, and your reservation can be made now.

The Calcutta Pool, which by this time needs no introduction, will follow after everyone is well fed and good natured, and Dr. C. M. Benbrook of Los Angeles has been extended an invitation to be auctioneer to complete the setting.

The following is the program to date. The events, with prizes and names of donors for each event are planned, but on account of the prize list being incomplete same will be subject to change.

TOURNAMENT

CLUBS

Willowick, Canterbury and Oakwood, Monday, September 10th, 1923.

Playing time given to foursomes according to entry. First foursome starting at 7:45 A. M.

DINNER

Winton Hotel, "Rainbow Room," Sunday, September 9th, 7 P. M.

EVENTS

ENTIRE PLAY

36 Hole Medal Play, Association Championship.

Prize—President's Trophy, and name engraved on Williams' Trophy.

Runner up for this event.

Prize—Southern California Dental Golf Trophy.

36 Hole Medal Handicap Play.

Prize—Dental Golf Association of Cleveland Trophy.

Runner up for this event.

Prize—Southern States Dental Golfers Trophy.

MORNING PLAY

18 Hole Medal Handicap, Class A.

Prize—Sterling Silver Trophy, Thos. J. Dee Co., Chicago, Illinois.

Runner up for this event.

Prize—Aseptic Vitrolite Top Dental Table, The Harvard Company, Canton, Ohio.

18 Hole Medal Handicap, Class B.

Prize—Holmes Sterilizer and Table, Guthrie Dental Supply Co., Cleveland, Ohio.

Runner up for this event.

Prize—1 set 21 Cleve-Dent Plastic Instruments, Cleveland Dental Mfg. Co., Cleveland, Ohio.

18 Hole Medal Handicap, Class C.

Prize—Roach Casting Machine, Dental Products Co., Chicago, Ill.

Runner up for this event.

Prize—One 6-Shade Box Synthay Porcelain, Garhart Dental Specialty Co., Somerville, Mass.

18 Hole Handicap, Class D.

Prize—Gardner Casting Machine, Kline & Kothé Company, Cleveland, Ohio.

Runner up for this event.

Prize—1 Box Crown and Bridge Cement, The W. V-B. Ames Company, Fremont, Ohio.

AFTERNOON PLAY

18 Hole Low Gross, Class A.

Prize—Operating Stool, Ransom & Randolph Company, Cleveland, Ohio.

Runner up for this event.

Prize—2 Books, Selected by winner, C. V. Mosby Company, St. Louis, Mo.

18 Hole Low Gross, Class B.

Prize—Low Temperature Gas Furnace, J. M. Ney Company, Hartford, Conn.

Runner up for this event.

Prize—1 Large Box Assorted Colors C.A.S. Cement, Claudius Ash Sons & Co., Inc., U. S. A., New York City.

18 Hole Low Gross, Class C.

Prize—1 Binocular Dentoscope, Complete, Engeln Electric Company, Cleveland, Ohio.

Runner up for this event.

Prize—12 Boxes Maves' Wax, Heidbrink Company, Minneapolis, Minn.

18 Hole Low Gross, Class D.

Prize—1 Oak or Mahogany Waste Receiver, American Cabinet Company, Racine, Wis.

Runner up for this event.

Prize—1 Box Golf Balls, Weber Dental Mfg. Co., Canton, Ohio.

Other events and prizes will be listed later.

Prizes donated to date not listed above.

1 Box Silver King Golf Balls, Columbus Dental Mfg. Co., Columbus, Ohio.
Silver Loving Cup, Goldsmith Brothers, Chicago, Illinois.

Borine Manufacturing Co., New York, N. Y., 1 dozen each, tooth brushes,
Boriclor Paste, Borine Tooth Powder, and large size Mouth Wash.

Walter P. Krause, Kansas City, Missouri, 1 Dwt. each 16, 18, 20-K. Gold Solder.

The Pattison-McGrath Co., Kansas City, Missouri, One 6-Color package Dental
Cement.

The officers, in behalf of the American Dental Golf Association, wish to thank the Dealers and Manufacturers for donation of prizes for the tournament, and request all members to remember this kindness and good fellowship in favors they may bestow.

Under any circumstances, prizes must not be returned for credit, and if not serviceable to winner kindly inform Secretary and Treasurer.

All members of the American Dental Association are eligible to membership in the American Dental Golf Association and those wishing to join will please fill out application blank and mail at once.

To facilitate matters for the local committee, arrange your foursomes now and make entrance accordingly as assignment to courses will be made in this way. A handicap card will be mailed to all, and you will be prompt in having same filled out by your Club Secretary and returned to American Dental Golf Association, 1311 Schofield Bldg., Cleveland, Ohio.

Those who expect to tour by automobile to Cleveland, and wishing to play courses en route, will be assisted if they inform American Dental Golf Association, 1311 Schofield Bldg., Cleveland, Ohio, of intended route and stop-over cities.

All members who anticipate arriving in Cleveland previous to September 9th, wishing to play golf, will please inform Dr. H. D. Grubb, 624 Hanna Bldg., Cleveland, Chairman of Local Committee.

GOLF HEADQUARTERS

1311 SCHOFIELD BUILDING, CLEVELAND

Until September 8th

During meeting, announcement will be made later

The American Dental Golf Association

Application for Membership

I hereby make application for membership in the American Dental Golf Association, and agree to comply with its By-Laws.

NAME

FEE \$3.00

Paid only once and
should accompany
Application.

STREET

CITY STATE

CLUB HANDICAP

Fill out at once and mail to James A. Loughry, Secretary, 1311 Schofield Bldg., Cleveland, Ohio.



Dinner Reservation

Enclosed please find \$4.00 for American Dental Golf Dinner Reservation, Sunday Evening, September 9th, "Rainbow Room," Hotel Winton, Cleveland, Ohio.

(SIGN)

DENTAL LAWS

Summary of Dental License Requirements Throughout the World

By Alphonso Irwin, D.D.S., Camden, N. J.

COLORADO

STATE BOARD OF DENTAL EXAMINERS

O. L. Smith, D.D.S., President, Central Bldg., Ft. Collins, Colo.; Wm. H. Flint, D.D.S., Secretary-Treasurer, Littleton, Colo.; N. G. Grosjean, D.D.S., Longmont, Colo.; Earl W. Spenser, D.D.S., 620 Thatcher Bldg., Pueblo, Colo.; Fred G. Hunt, D.D.S., 201 Mack Bldg., Denver, Colo.

The dental laws date: March 15, 1889, April 1, 1891, April 7, 1897, April 10, 1905, 1911, March 5, 1919.

General Information: The Colorado State Board of Dental Examiners holds its examinations in the State House, Denver, Colo., the first Tuesday of June and December, continuing five days. The written examinations shall be in the English language in the following subjects: Operative Dentistry, Prosthetic Dentistry, Chemistry, Histology, Pathology, Bacteriology, Anatomy, Orthodontia, Materia Medica, Therapeutics, Metallurgy, Physics, Oral Surgery, Anesthesia, and Physiology.

The practical examination shall consist of the insertion of a gold foil filling in cavity class 2, 3, or 4, Blacks classification; insertion of an amalgam filling, class 2 in Molar; preparation and insertion of a gold inlay, class 2, 3, or 4; also an oral prophylactic treatment.

The practical examination shall consist of the making of an attachment for a four tooth, fixed or removable bridge for vital teeth, attachment to be made on an extracted cuspid tooth furnished by the applicant; tooth must not be previously prepared. Models for a full upper and lower denture must be furnished by the applicant, together with an anatomical articulator, mounted, and the work continued to the point of readiness for investing.

Each applicant must furnish his own patient, also all instruments and materials, except wax for the dentures which will be furnished by the Board. Applicants must be graduate dentists, and exhibit a diploma from a reputable Dental College recognized by the National Association of Dental Examiners. Applicants must furnish a recent photograph.

The examination fee is \$25.00, and must accompany all applications. A general average of 80 per cent is required before an applicant is eligible for a license.

The Colorado Dental Law does not provide for the issuance of a temporary license or reciprocity with any other State. The Board at its discretion may change these requirements and substitute others.

W. H. FLINT, D.D.S., *Secretary*,
Littleton, Colorado.

Verified October 1st, 1922.

CONNECTICUT

The dental laws are dated 1893, 1905, 1907, 1917.

COMMISSIONERS

A. J. Cutting, President, 66 Main St., Southington, Conn.; M. J. Loeb, 66 Trumbull St., New Haven; Recorder, F. T. Murlless, Jr., 43 Farmington Ave., Hartford; J. D. Hertz, 194 Atlantic St., Stamford; Arthur B. Holmes, 63 Bank St., Waterbury, Conn.

Rules and Instructions: Every candidate for license must be twenty-one years of age, a graduate of some reputable dental college or medical college with dental department, or must have had three years legal practice in dentistry. He must fill out an application blank which, together with his licence fee—Twenty-five Dollars (\$25.00), must be returned to the Recorder at least one week before the day upon which the examination is to take place. Blanks can be obtained from the Recorder.

Every applicant for license, whether graduate or non-graduate, will be required to pass a thorough examination, both practical and theoretical, and all rules conflicting therewith are hereby repealed. Temporary permits pending the examinations will not be issued. Practical examination, Operative: Each applicant must bring a patient who has at least two approximal cavities. Separations must not be made, or cavities prepared in any manner before the patient is presented. Applicant will be briefly examined at the chair orally. Applicant must come provided with suitable instruments and accessories to perform any operation in filling, root canal treatment, or oral prophylaxis, together with the following filling materials: gold, alloy, cement, gutta-percha. Chairs, tables and cuspidors only will be furnished by the Commission.

Prosthetics: (a) Each applicant will be required to set up and wax to completion a full upper denture of plain teeth. This is to be done upon an anatomical articulator to which has been attached previously with plaster, a full lower denture or cast of the same. The

applicant is to bring the teeth, articulator with casts mounted, bunsen burner, rubber tubing, wax and spatula.

Practical Requirements: (b) The applicant shall come prepared to make an entire shell crown, using gold, silver or nickel-silver, upon an articulated model which will be furnished by the Commission. The applicant must bring all material for crown, blow-pipe, bellows, rubber tubing, wax and spatula, swaging outfit, soldering block, solder and such instruments as will be required for this test.

Theoretical Examinations: The applicant will be required to pass a written examination on the subjects printed below. These are arranged in five sections as follows: Section 1: Anatomy, Physiology, Histology; Section 2: Chemistry, Materia Medica, Therapeutics; Section 3: Dental Pathology, Oral Surgery and Anesthesia; Section 4: Operative Dentistry, Orthodontia, Oral Hygiene and Bacteriology; Section 5: Prosthetic Dentistry, including Crown and Bridge Work and Metallurgy. Applicants are required to write in ink and must therefore bring fountain pens.

Reciprocity: "The Connecticut Dental Commission cannot see any reciprocity until such time as there shall be standard requirements recognized by all the States."

The English language, dental supervision, dental degree from a recognized dental college, registration and examination, are required; fee twenty-five dollars (\$25.00). Pre-dental qualifications are the same as those required for matriculation in an accredited dental college. Examinations are held the last week in June and November, at Hartford. Dental hygienists examined, fee \$10.00. Biennial registration with the Recorder, fee one dollar (\$1.00).

F. T. MURLESS, JR., *Recorder*,
43 Farmington Ave., Hartford, Conn.

CORSICA

French Colonial possession. French language, supervision and dental regulations. French credentials preferred. For further information, address Albert Sarraut, Colonial Minister, Paris, France.

CRETE

Crete or Candia belongs to Greece; at least, that is the latest advice obtainable. Grecian medico-dental-colonial regulations are recognized, but it is doubtful if any ordinances are enforced, owing to unsettled conditions. Consult the Minister of Education for details—M. Siotis is the most recently announced Minister of Education in Greece. Address him at Athens, Greece.

CUBA

I. Examination of foreign-born dentists possessing diplomas from dental institutions in foreign countries (U. S. included) is required.

(a) Examinations are theoretical and clinical.

(b) Examinations both written and oral are conducted in the Spanish language.

(c) If an interpreter is allowed, he must be selected by the Examiners, and paid \$15.00 for his services, by the applicant for a license to practise dentistry.

II. (a) Examinations are conducted under the direction of the Department of Public Instruction in Havana. (b) Members of the Faculty in the University of Havana compose the examining Board.

III. *Credentials*: The credentials of an alien dentist should consist of (a) Dental Diploma, (b) a State Board Dental License, (c) Visé, (d) Certificate, (e) Identification, (f) Translations, (g) Photographs.

(a) Graduates of foreign schools must present their degree from an institution registered by the University of Havana, (providing it has been issued by an authorized institution, one which fully authorizes professional practice in the country, state, or territory wherein the degree was issued), with the signature thereto duly legalized. Each of these requirements must be proved by a certificate properly attested. Besides furnishing such proofs, the petitioner must be rightfully identified before the Department of Public Instruction. (It is the rule in foreign countries to require two residents—free-holders usually—who are *not* related to the applicant, to vouch for the identity of the applicant and the authenticity of the credentials.) In this connection a recent unmounted cabinet-sized photograph of the applicant, properly attested, is necessary.

(b) A diploma in order to be validated for use in a foreign country must be accompanied by a license from the Board of Dental Examiners of the country or State in which the college granting the diploma is located. The Secretary of State or Governor of the State in which this license is granted, may certify as to the genuineness of this license.

(c) Visé. The signatures and diploma should be legalized by the visé of the Secretary of State in Washington, D. C.

(d) Certificate. The credentials should be authenticated by a certificate signed by the Cuban Minister at Washington, D. C.

(e) Before embarking for Cuba, passports must be secured. Identification must be made here by a witness who can certify to the American citizenship of the applicant; and three photographs of the same size must be furnished.

(f) Translations of these credentials should be made (at the ex-

pense of the applicant by an official translator of Havana, Cuba), into the Spanish language. They are then ready to be presented to the Department of Public Instruction.

IV. If these credentials are accepted, the applicant must then undergo the examinations at the time and place and upon the subjects designated by the Department and examiners.

V. (a) We have been informed that these examinations are conducted at the University of Havana, by members of the faculty, and that they are under medical supervision.

(b) Under the medical regulations, the applicant is allowed five hours in which to write a Thesis.

(c) The examination fee is about \$50.00, American gold.

(d) Re-examination after six months, without extra charge, is permitted.

VI. Among the subjects included in the Cuban University curriculum are: Anatomy (Medical), Histology (Normal), Prosthetic Dentistry, Operative Dentistry, (Dental) Anatomy and Histology, Therapeutics, Materia Medica, Theory and Technique of Crown and Bridge Work, Porcelain Inlays, Applied Therapeutics and Oral Hygiene, Exodontia, Orthodontia, Special Pathology of the Mouth and Teeth.

Address Dept. Public Instruction, Habana, Cuba.

CYPRUS (ISLAND)

British medico-dental colonial supervision. The English language and registration are required.

"Anyone may secure registration who holds (dental) qualifications which permit him to practice where such qualifications were obtained."

CZECHO SLOVAKIA

A new republic formed October 18th, 1918. Slavic, Magyar, German, Russian languages are used. No dental laws announced yet. Medical supervision qualifications, degrees, diplomas and educational ideas dominate these races and the Balkan region generally.

Address Vavro Srobar, Minister of Education, Pragii, Czecho Slovakia, for further details; or Dr. Susta at the same city.



DENTAL ECONOMICS

Let Us Tell the Truth

By R. J. Couillard, D.D.S., Lebanon, N. H.

I have been a reader of your magazine for some time, and have been more or less interested in the question of financial standing of the dentist.

It is very interesting to read the different stories of dentists, telling of their hardships; it is queer that almost everyone is having a hard time to make a decent living.

You hear of \$15,000 practices, \$10,000, etc. Well now, let us reason it out. What is the matter with those fellows making such good money? Are they really making such money, or is it just "hot air" that the average dentist likes to throw? If there were more honest-to-goodness talk about practices, it seems to me that there would be less misrepresentation and more satisfied feeling among dentists.

The average dentist today is making on an average of between \$3,500 to \$5,000 a year, and this I would say amounts to 90% of the dentists in the country.

Well now, brother dentists, why don't you come down to common sense and tell the truth and make the average dentist feel as though he was making a success of business?

A dentist today who is making \$4,000 a year hears about Dr. B. making \$10,000 or so a year, and he resents that. Why should I be making only \$4,000, while Dr. B. is making double what I am?

Well now, let us reason this out. Suppose Dr. B. makes \$7,000 a year. Figure his expenses and figure yours.

A town dentist can make \$4,000 a year and still be on the same level as Dr. B. Figure rent in the city at \$50.00 to \$75.00 a month, car fares, amusements, community support, and don't forget Dr. B. must also be a social man.

When all is said and done the fellow with the big practice is not so well off as the fellow making \$5,000 a year.

Now again, let me criticise what I believe to be one of the worst evils of dentistry, and that is the dentist that does not do his plate work. Mr. Dentist, what would you think of a merchant tailor who

would do his cutting, assembling, fitting, and, too lazy to sew the cloth together, would send it away to have it done?

Well, the dentist is the same. It costs the dentist from \$3.50 to \$4.00 to have a plate made at a laboratory. Suppose you make a hundred plates in a year; there's \$400 right there out of your pocket, not counting money spent for repairs.

And then the dentist wonders at the end of the year why the bank book does not register. In order to make a business pay, expenses must be brought down, but according to dental records they go up instead.

Another fault with the dentist is that he tries to live better than he can. He gets the best of everything from the first year he practices until the last. You can't expect to take in \$1.00 and spend 95 cents and have anything left at the end of the year; and more than that, some of us spend it before we ever get it!

The average business man starts small, makes every penny count, and then, when the money draws interest, he uses his interest for pleasure, and there's where he is clever! It would be better for the dentist who expects to become rich in dentistry to get out of it before it is too late. I don't believe that there is a more profitable one-man work than dentistry. You are your own boss, get out when you feel like it, come in whenever you like, etc. Find another one-man business where that can be done. You can't do it!

Before I get through this paper, I want to congratulate the dentist from one point of view. I think that the average dentist is the largest business man going, but where he ever inherited that position is hard to explain.

The dentist goes to work at 9 o'clock in the morning, is out at 12, and comes back at 1.30 P. M. to go home at 5 o'clock. Look around at business men and compare hours with them.

You can't expect success unless you work for it. You can't get business unless you look for it.

I would wager that there are thousands of dollars that the dentists let go by during a year. A small cavity that would require some filling the dentist says to let go another six months. How do you know that the patient will come back to you? Wake up! Get all you can from your patients. They will appreciate you more, and so will your pocketbook.

My last word to the dentist is "Don't let the \$7,000 to \$15,000 men bother you." They are scarce. And when you do find one, he spends more to get that practice than he really can afford.

I should rather have a small, good-paying practice than one with lots of puff and nothing to show when the first of the year comes.

Visionary Schemes

(From the Thrift Magazine)

In the August (1922) issue of the Thrift Magazine we explained how visionary stock schemes cost the public five times as much every year as out and out "fakes" and those who read the article will remember that we called these visionary schemes the most dangerous form of stock swindles.

For the benefit of those who did not read our previous articles on "visionary schemes" we will explain that the only difference between a "get-rich-quick" fake and what we call visionary schemes is in the general makeup, for in the end the result is just the same—generally a total loss.

The reason we say visionary schemes are the most dangerous form of the stock swindle is because the visionary proposition is often promoted in good faith, and as a rule it is legitimate or semi-legitimate.

Almost any financial expert can tell a "fake" proposition by its general appearance, and for that reason the "fake" is generally short lived so it seldom, if ever, runs long enough to get enormous sums of money.

Years ago before we understood "fakes" so well, they often flourished for a year or two—the E. J. Arnold, Ryan & Brolaski, horse race swindles for example—but since then, fakes like "Ponzi" are few and far between, and even the few that do "get by" don't last very long.

The visionary scheme is different—you can't call it a fake and thereby condemn it—and the longer it runs the stronger it gets, and in the end the public loses millions.

We call any proposition a visionary scheme where the promoter gets an idea and then allows the public to finance that idea for a small percentage of the profits.

In our last article on "visionary schemes" we told of a promoter who happened to take a trip one winter to the "West Indies" and during the trip he visited a beautiful little island that had only mediocre hotels.

He immediately conceived the idea that a big million dollar hotel would prove a gold mine, so when he got back to New York he organized such a company.

We don't know how much money was subscribed to this very tempting project, but as the promoter spent a pile of money advertising and had a very capable band of high-pressure salesmen it is reasonable to assume, he gathered in several hundred thousand dollars.

The hotel was to cost \$2,000,000; so even if he got \$300,000 it was a long way off from the \$2,000,000. That was five years ago, and they haven't even started to break ground for the hotel, and as we haven't heard anything for over two years, we presume the scheme is dead.

Another scheme very similar was the mammoth Commonwealth Hotel that was to cost \$15,000,000. This proposition is not quite dead yet but we dare say it isn't very lively.

The original promoter did buy some land and turn it over to the Commonwealth Hotel Corporation, and since then he has been accused of making a profit of over half a million on the deal.

Now we won't go so far as to say the Commonwealth Hotel won't be built, but we do say that it is schemes of this character that cost the people millions, and if we had our way, we would pass a law where no promoter could solicit funds from the public until he showed his good faith by putting up at least 10 per cent of the total capital.

The men, or at least some of the men, behind the Commonwealth Hotel project are well known business men, but from what we hear they have only raised a few millions and for many months they have been living almost from hand to mouth.

We believe from now on these promoters will have a hard row to hoe, and it is a safe bet that they never will be able to raise enough money to complete the scheme.

Recently the Blue Sky Commissioner of Maine refused permission to sell the stock in that State and in refusing he gave the following reasons:

"First, the plan of operation is unfair, unjust and inequitable.

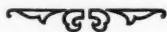
"Second, sufficient pertinent facts to enable intending purchasers to form a judgment of the nature of the value of the securities are not disclosed.

"Third, the securities offered are calculated to work a fraud upon the purchaser."

We have called our readers' attention to visionary schemes because in our opinion they are the real danger rocks of finance and right now there is a whole flock of such schemes, every one of which is capitalized into the millions.

Chain stores are a great favorite with these visionary promoters because they have Woolworth, Kresge, and Knox to point to, and by showing you the huge profits of Woolworth they simply make your mouth water, and as a rule you can't get your fountain pen out quick enough to write your check.

Every time you write a check for stock in a visionary scheme you may as well say "goodby" to your money, because in our judgment there is not one in twenty that will even return a dividend.



PRACTICAL HINTS

This department is in charge of Dr. V. C. Smedley, 604 California Bldg., Denver, Colo. To avoid unnecessary delay, Hints, Questions and Answers should be sent direct to him.

NOTE—Mention of proprietary articles by name in the text pages of the DENTAL DIGEST is contrary to the policy of the magazine. Contributions containing names of proprietary articles will be altered in accordance with this rule. This Department is conducted for readers of the DENTAL DIGEST, and the Editor has no time to answer communications "not for publication." Please enclose stamp if you desire a reply by letter.

Editor Practical Hints:

As Editor of the "Practical Hints" department of the DENTAL DIGEST I feel that you are in a position to help me solve a problem that I feel is troubling hundreds of dentists, and many times that number of patients.

The point in question relates to the excessive amount of tartar, principally salivary, that collects so readily in the mouths of some patients, and no matter how they may cleanse and wash the surfaces of these teeth this collection returns in a short time.

At the present time I am treating a young woman who is troubled with this to such an extent that three or four weeks after they have been thoroughly cleaned and polished, she returns with just as much of a deposit as she had before she started. She has tried to overcome this excess by using milk of magnesia, various tooth pastes and mouth washes, but to no avail. As a result of this and other cases, I would like to know whether or not there is some method of overcoming this rapid return of deposits, which is both unsightly and a menace to the health of the gum tissue. I shall greatly appreciate your assistance in this matter.

J. M. C.

ANSWER.—This rapid formation of tartar can be checked by a regulation of your patient's diet. It has been demonstrated and carefully reported by Doctor Black that tartar is not formed even in the mouths of people subject to same while a person is fasting and by a careful regulation of the diet such formation can be largely if not entirely eliminated. Your patient should eat less heavy foods such as meats, breads, cereals and more of fruits and vegetables, especially fresh and uncooked vegetables.—V. C. SMEDLEY.

Editor Practical Hints:

I have a man patient about sixty years of age, who lost all his upper teeth, save the six anteriors, twenty years ago. Tried to have a partial plate made at that time by two different dentists without success, as they would drop. Now he is anxious to take another try at it. His mouth is flat and not very firm; would be willing to have a gold plate if it would give any better results than rubber. His bite is long, lower teeth touch upper gum when closed. His lower teeth are good—has nearly all of them.

• Can you give me any suggestions in making a plate this man can use?
F. E. S.

ANSWER.—It is difficult to express a definite or final opinion as to how this case could best be handled without having the mouth to study, but I certainly am of the opinion that a partial denture could be made for this man that would function satisfactorily. I see no reason why it cannot and should not be made of gold if he is willing to have and pay for same. It would, of course, be necessary to open the bite somewhat. For attachments I would probably use either mesio-distal grip clasps upon the cuspids with extension lips to rest upon the lingual of the laterals, or the Brenner Alveolar Attachment. My choice between these would depend upon the shape of the mouth and condition of the teeth.—V. C. SMEDLEY.

Villahermosa, Tab., Mexico.

Editor Practical Hints:

Reading over a recent issue of the DENTAL DIGEST (Correspondence Dept.) Dr. D. T. Clark refers to a very peculiar case of a child having no signs of permanent teeth, according to the X-ray. I have a case similar to that one. Boy sixteen years old with the second and third permanent molars fully erupted on both sides in the upper and lower jaws and two central upper incisors. Few temporary teeth still in the mouth, most of them loose. X-ray shows no permanent teeth. Shall I extract them? I see no anchorage for making bridges. Shall I make a plate? I will appreciate information and advice.

P. CARTER, D.D.S.

ANSWER.—From your description of this case, I think I would advise the extraction of the loose temporary teeth and the making of a removable denture anchored to the second molars on each side with good strong bucco-lingual grip clasps and to the two centrals with a double mesio-distal grip clasp. You could make this case with or without stress breakers as you think best. If without, I would make a partial temporary plate first, without attachments, to be worn until

the gums are thoroughly shrunken following the extraction of the temporary teeth. It would be very absurd to attempt to put in fixed bridgework with such few attachments and such long spaces.—V. C. SMEDLEY.

Editor Practical Hints:

Have read over "Practical Hints" from month to month, and come to you now to settle a little argument.

A claims that it is always necessary when inserting an amalgam filling to line the cavity when the cavity preparation extends into the dentine. B claims that the cavity preparation for an amalgam filling should always extend into the denture and that the dentist should use his own judgment as regards lining the cavity with cement, and that a varnish is sufficient lining in certain cases.

S.—W.

ANSWER.—As is usually the case with disputes between individuals, A and B are probably both right and both wrong. It is certainly not always necessary to line cavities upon the insertion of amalgam fillings in order to make good or serviceable fillings, yet it is certainly also not detrimental to do so, and my personal opinion is that it is a wise procedure to follow in practically all cases, especially where cavities are deep seated or the dentine very sensitive. In these cases I think the lining should consist of a sedative pulp preserving material, and in other cases oxyphosphate cement which, I believe, is best applied immediately before the insertion of the amalgam so that the amalgam imbeds itself in the cement and the excess soft cement squeezes out from the margin of the cavity. The amalgam and cement should be carefully scraped from the margins, and same finally sealed with amalgam packed under high pressure.

B's contention that cavity preparation should always extend into the dentine is generally true, for in probably ninety-eight or ninety-nine cases out of a hundred any cavity requiring filling does penetrate into the dentine, and certainly all decay must be removed no matter where it extends to. If, however, you are repairing tiny faults in the fissures before decay has actually taken place, if sufficient depth for retention can be procured in the enamel only, I see no reason for plunging down into sensitive dentine just because it is generally necessary or good practice to do so. Even in such a case where the enamel is not penetrated, I believe we are more apt to preserve the tooth indefinitely if the cavity is lined with soft cement as the amalgam is inserted, the cement providing an actual and safe seal to the filling.—V. C. SMEDLEY.

CORRECTIONS TO BE NOTED

In the May issue of THE DENTAL DIGEST the Question of A. J. D. about "Toothbrush Drills" was answered at some length, but credit for the information contained in The Answer was given to the Editor of this Department without mentioning that it was a quotation from a report of The Special Committee on "Brushing Instructions" of The American Academy of Periodontology. It is only fair to call the attention of readers to this lapse on our part.

We also wish to correct a printer's error which appeared on page 355 of same issue in the Question of B. C. B., to avoid any possible misunderstanding on the part of a reader. The sentence "It is made of gold and dist rubber" should read, "It is made of gold dust rubber."

On page 356, line 3 of Answer, there occurs the phrase "Usually there is enough abrasion so that inlay, etc.," should read "Usually there is enough recession so that inlay, etc."

Through an unfortunate oversight we credited the replies to C. L. L. and H. A. McW. to S. V. Smedley, but they were prepared by Dr. George R. Warner, who is associated with Dr. Smedley. We are sorry these errors should have occurred in The Practical Hints Department, but since such things will happen, we are glad they all occurred in one issue rather than being extended over a longer period.

On to Cleveland—Sept. 10 to 14

CORRESPONDENCE

Brighton, England.

Editor DENTAL DIGEST:

We appreciate Dr. Williams' last article so much that we are writing to say that we should certainly like to see another one.

Yours faithfully,

JAMES M. HOOKER.

New Haven, Conn.

Editor DENTAL DIGEST:

I have given "The Religious Beliefs of a Scientific Man," by Dr. J. Leon Williams, published in your April number of THE DENTAL DIGEST a second reading, and am more impressed by the original ideas and research, than at first.

By all means publish all material of this import you can get from Dr. Williams. It's refreshing and instructive.

Yours very truly,

E. S. GAYLORD.

Editor DENTAL DIGEST:

I have just read with much interest the article in the April number of THE DENTAL DIGEST, by Dr. J. Leon Williams, entitled "The Religious Beliefs of a Scientific Man." I would commend this article to the consideration of every thinking professional man as a broad-minded presentation of a subject which is of vital interest to all. It is well that occasionally men should go outside the beaten track of their calling and browse in the highways and byways of contemporaneous thought, and Dr. Williams has given us something to think about in this article that is well worth while. It shows depth of thought, and frankness of treatment, and it is written in a scholarly and convincing manner. He has my thanks for it.

Sincerely yours,

C. N. JOHNSON.

Editor DENTAL DIGEST:

I am reading with a great deal of interest and satisfaction your Editorial Corner, in which you refer to religious matters. I was particularly interested in reading the splendid article of Dr. Williams. It is surely a great inspiration to have the privilege of getting an

insight into the character of some of the men who are writing dental history.

John Ruskin once said: "If your work is first with you you are a servant of God, but if your fee is first with you you are a servant of the devil." How very small, after all, is the money consideration with the real worker! The famous naturalist who told those who came to him with a plan to make a fortune that he had no time to make money, is a type of the worker who has given to the world such service as can never be measured in money. Only the most dull and stupid person fails to thrill as the roll-call of heroes and martyrs echoes through the mind.

The men who have given their lives to conquer yellow fever and other diseases did not do it for money, any more than the small pittance received by the soldiers for risking their lives to save their country in the late war represented anything like compensation for their services. Many of the great inventors and poets and painters nearly starved while working out their dreams.

I am of the opinion that the men who have made the greatest sacrifices—the men and women who have made the real, vicarious sacrifices for the advancement of civilization—have had in their souls a vision of the invisible reward which comes to those who follow the teachings of Jesus Christ.

Roger W. Babson, the greatest statistician of the age, in his book "Religion and Business," announces that statistics teach that the business man will be happiest by following the teachings of Jesus, and that statistics also teach that the Golden Rule is practical and that religion is the greatest of undeveloped resources. He continues by saying that we have a misconception of true values, for religion is more important to our children even for "getting on" than all other traits combined. He also magnifies the fact that in his careful historical review of the lives of successful men, he has come to this definite conclusion:

"My own personal conclusions are that these leading men owe their success to their early religious training. Their interest in the church is the *cause* of their success, rather than the *result* of their success. Statistics show that the same qualities which make a man successful in business are the qualities which make him interested in religion. I refer to those fundamentals of faith, vision, courage, sympathy, thrift, and industry. These are fundamental characteristics which make a man successful in business and interested in religion."

Dying, Horace Greeley exclaimed: "Fame is a vapor, popularity

an accident, riches take wings, those who cheer today will curse tomorrow, only one thing endures—character!"

"Character is more than intellect. A great soul will be strong to live, as well as to think. Goodness outshines genius, as the sun makes the electric light cast a shadow."—*Emerson*.

Very truly yours,
OTTO U. KING.

Editor DENTAL DIGEST:

I have just finished reading your article "An Educational Effort and What Came of It," and wish to write you my appreciation of the teachings of your men in the Research Department. I personally have been benefited greatly and I have tried to pass on to my students in the college the same teachings. I wish also to thank, through you, the men who have so kindly helped me whenever I have asked them. Dr. Tench, particularly, but also Drs. Heermans, Weir and Whittemore have all responded to my inquiries.

You certainly had a vision when you started this instruction, because it has done more than anything else to elevate Prosthetics to the level it now enjoys.

Yours sincerely,
FRED A. BECKFORD,
Prosthetic Department, Harvard Dental School.

Gaffney, S. C.

Editor DENTAL DIGEST:

I wish to report a small idea which is of probable benefit in impression taking; and, while this idea may seem impracticable, yet at the same time, it may be developed into something worth while by the typical plate specialist. I have experimented with the idea for only a short time, and cannot give absolute proof as to its value as a lasting success.

I take impressions with impression tray compound, using plaster after the wax is properly adapted; that is, I try to follow the Hall method in taking impressions. Several months ago, the idea occurred to me to paint the surfaces of the impressions with chloro-percha and to shave the same down to place on gums, directing the patient to work the tongue all about, afterwards working the cheeks well. Then I removed the impression and poured in plaster and shaved it down to place, having the patient work the tongue again, while I worked the cheeks well. After the plaster set well, I again removed the impres-

sion and sent it to the Laboratory. I have made about six lower plates by this method of taking impressions, and in every one I have made, I have obtained very good suction. I have made about three upper plates by this method, and they also have had good suction.

I wish to give you only a skeleton of this idea in this letter, as I believe the specialist in plate work can develop the idea to perfection.

The chloro-percha which I used was made of chloroform and gutta-percha. It is true that some of it would stick to the gums, but at the peripheral borders of the impression, the chloro-percha remained. Later, I cleaned the surfaces of the wax impression with alcohol before painting it with chloro-percha, and I found that the chloro-percha stuck to the impression very well.

S. L. JEFFERIES, D.D.S.

Wagoner, Okla.

Editor DENTAL DIGEST:

I have been a reader of the *DIGEST* for many years and have been greatly helped by its pages. I wish it would try to clear up some impressions I have on the subject of treating and canal filling. I have practiced for thirty-three years, was taught to try to save teeth, and have always practiced that, believing that one-half the natural teeth in a comfortable, usable condition was better than a mouthful of substitutes.

The trend of the teaching by didactic writers, as seen in our journals, seems to place in a bad light those who use methods that have been followed for fifty years past, and which have given as good results as the later methods proposed. I have treated continually by methods now denounced by some as unscientific and as subjecting the practitioner to the charge (to them) of malpractice.

I have under observation many treatment cases that have been done from one to twenty-five or more years, and which show no trouble whatever from use or by manual or radiographic examination.

My percentage of loss after treatment is so slight that I think it will compare favorably with that of any other operator, whatever his method. This same experience can be shown by many others who use the methods of thirty years ago.

Considering the results obtained, what reason is there for denouncing the methods? I have used immediate extirpation by pressure anesthesia and immediate filling with no better results, if so good, as I have had with devitalization. I hold devitalization may be done without effect on the vitality of dentine and cementum, any more than removal in any other way. The effect of arsenical preparations is detrimental

when improperly used. Properly used, they are a stimulant and preservative. Their apparent strangulating effect on the circulation may be confined to the pulp proper, and the peripheral ends of the dentinal filament left in an inoffensive condition. Otherwise, why the universal results of the best operators in the past?

How many of the fraternity avoid the use of all coagulating germicides? They are not harmful, if experience is a criterion. I use phenol at some stage in practically every case.

For the good of the profession, I wish a check-up might be made by men of both methods of all their cases for ten years back and given to the profession.

I would also like to ask where I can get the method of treatment and root filling of Dr. J. P. Buckley?

G. E. ZINN.

Editor DENTAL DIGEST:

I received the following letter from a patient for whom I had ground abutments and fitted crowns to same preparatory to making a bridge. I explained to her fully what I was doing, but she resented the method of work as her letter shows.

C. A. RAE.

Dr. C. A. Rae:

Sir—This is to notify you that I will not have any more dental work done by you.

I did not realize you were cutting off my perfectly good teeth instead of treating the ones that needed treating.

Yours truly,

Mrs. A. B. Allen.

Editor DENTAL DIGEST:

No doubt many dentists could add to the gayety of nations if they wished to show samples of their business correspondence. Here is one of mine of recent date.

DR. BLANK.

Dr. —

Dear gentlemen

We often came up your office to paid you but never meet you. Saturday, Erma was up stairs $\frac{1}{4}$ after 4 I dont know the Addres as I would send it I told Henry stah der until you come he has tookiek

Yours truly Mrs —.

DENTAL SECRETARIES and ASSISTANTS

Secretaries' Questionnaire

We have a Hygeia waste receiver and find it difficult to keep clean. The dressings and cotton sponges adhere to sides and bottom, also it stains easily with the medicaments that have been used on these dressings.

Cut a round piece of heavy wrapping paper about twice the diameter, or a little more, of the waste receiver, and pleating the edges place inside so that it fits close to the bottom and sides. Each day, or as needed, this can be removed in a neat package and disposed of and a fresh paper set in place. The expense is insignificant and a quantity can be prepared at one time, always having a supply on hand.

Can you tell me of anything that will remove iron rust stains from porcelain bowls that has accumulated from the dripping of the water?

Try a saturated solution of Oxalic Acid applied with a small stiff brush, and allow to remain until stain disappears; then flush the bowl to remove all traces of acid.

Could you please tell me if there is a Dental Assistants' Association in this State?

Dr. E. R. V., Los Angeles, Cal.

I understand that there was at one time a Dental Assistants Society in Los Angeles, and some talk of organizing a society in San Francisco, but cannot give you more definite information at this time. I suggest you make inquiries of the officers of your State Dental Society. If the dentists were fully alive to their own interests they would sponsor a dental assistants' society in every city throughout the country.

Should a dental assistant act as hostess in a dental office? Do you consider it a part of her duties?

By all means, yes. The average dentist is too busy to look after the details of the reception room, the greeting of patients and their dismissal. Every dental office should have a woman in attendance, and she should be intelligent enough to act as hostess when occasion requires.

There is a growing tendency on the part of patients to demand that there be a woman in the office to which they send their children.

Is there anything that will remove Nitrate of Silver stains from napkins and cloth materials?

Wash the stained part in a solution consisting of one part each of Ammonium Chloride and Corrosive Sublimate in ten parts of distilled water, or in an aqueous solution of Potassium Cyanide. As each of these methods require the use of exceedingly dangerous poisons we recommend taking the stained articles to a pharmacist, enlisting his aid.

Are there any suggestions you can make regarding the use of the telephone in the dentist's office?

A book could be written about the use of the telephone, as it is one of the most important adjuncts to an office. Briefly, I would suggest that eliminating superfluous conversation is most necessary; upon taking the receiver from the hook at once say "Dr. Blank's office speaking"; this immediately informs the person calling that he has the correct party or not, as the case may be. Follow this up by saying, "Dr. Blank is busy just now, will you give me the message and I will give you his reply." If this is not satisfactory to the caller, then ask for his phone number and say that Dr. Blank will call him as soon as he is disengaged. Follow this up as soon as possible, as neglect may cause the loss of a very valuable patient.

One should never forget when using the telephone that the person at the other end of the wire can hear all that is said or takes place; cover the transmitter if remarks are to be made that do not bear the stamp of courtesy and tact, or are irrelevant. The telephone should be used and not abused.

I should like you to send me the directions for distinguishing the different instruments in a dental office.

L. F., Tacoma, Washington.

May I suggest that you secure a catalogue of dental instruments from any dental supply house, and then with the aid of practical demonstrations you can acquire the knowledge you seek.

Replying to W. G. F., D.D.S., Carbondale, Pa.: Gagging can be inhibited or lessened by the use of a gargle in the form of a 10% solution of Novocain, care to be exercised not to swallow this solution. It is not the policy of this department to supply trade names. I suggest you ask your dealer.

April Meeting

OF THE

EDUCATIONAL AND EFFICIENCY SOCIETY FOR DENTAL ASSISTANTS, INC.,
FIRST DISTRICT, N. Y.

The April meeting of the Society was held at the Academy of Medicine, 17 West 43rd Street, on April 10th, 8 P. M., the Vice-President, Miss Elizabeth O'Toole, presiding in the absence of the President.

Following the regular order of business and the nomination of candidates for election at the annual meeting in May, a very interesting program was presented by the members. Elsie M. Gates chose the topic, "What Our Society Means to Me." She spoke of the benefit she had derived from association with others in the same calling, in the interchange of ideas and experiences, that she no longer felt alone and isolated, having acquired a broader viewpoint of the technical and economical side of dentistry through her having been a member of the various classes made possible by the society in X-Ray, Laboratory Technique, Accounting, Public Speaking, etc., and the privilege of the interchange of visits to the offices of the members.

Sylvia Danenbaum presented a paper entitled, "Dental Assistants as Teachers," particularly bringing out the fitness of the dental assistant as teacher to the children who come to the office, soothing their fears by telling them in an interesting way about the necessity of having their teeth cared for. The dental clinics conducted by the various schools and societies also offer a field for educational work, as there is great need of oral hygiene education among the children who attend these clinics, and the dentist has no time to spend trying to fathom the likes and dislikes of his small patients. She stressed the point that the truth should always be told and the stories so worded that they will be clearly understood.

"Teeth," by Martha Keit gave a short resumé of the formation of teeth, their evolution, etc., explaining the process of growth of the deciduous and permanent teeth. She explained why teeth chattered.

Emily Campbell spoke on "Bacteria, Useful and otherwise." Briefly describing bacteria and their discovery by Pasteur, also explaining their growth. She spoke of the various bacteria useful to mankind in the making of vinegar, cheese, tanning of leather, fertilizers, etc., and of those that were harmful in the propagating of disease, such as diphtheria, anthrax, typhoid and a host of others. Miss Campbell emphasized that the proper care of the oral cavity was most essential to assist in keeping the bacteria, always present, from working harm.

"Secretary versus Office Girl," was the subject of the address by

Irene Walker, making a comparative study of the office girl as known a few years ago to that of the trained and efficient secretary of the present time.

"Are Ideals Worth Striving to Gain?" was a splendid inspirational talk by Jean Tallaksen. In a few well-chosen words she spoke of the necessity of a worth-while objective, and the realization of one's ideal into accomplishment by the giving of one's best efforts to whatever activity this ideal embodied. The ideal established and attained by one individual being the stimulus for further endeavors by others, ultimately brings contentment and gladness to many.

Dorothy Goldstein chose as her topic, "Just Reminders," giving a few salient points in dental assisting making for real service to the patient and dentist. She stated that each one should deliberately start the day with the determination to give her whole heart and soul to her duties; to concentrate on the task in hand; to allow no interruptions from the outside to distract one's attention if wishing to render service of quality. She urged doing the right thing at the right time, in the right way, always striving to do better than ever before; to be courteous; to be an example; to master circumstances; to act from reason rather than from rule; to be enthusiastic; to work for the love of working; to learn one new thing every day, and above all to let sunshine radiate and penetrate; then what a happy, harmonious, cheerful place the dental office would be.

In "What Constitutes an Efficient Dental Assistant?" by Martha Hall, an interesting presentation of the necessary attributes was made. One must possess good health, a generous amount of common sense, enthusiasm, personality and loyalty, and one is sure to be well equipped for a journey on the road to success.

Emily Wiss presented the subject "How Can We Make Our Clinics a Success?" She urged the members to a realization of their opportunity to bring before the dental profession of New York State the many ways in which the educated and efficient assistant can be of service to the dentist, thereby creating a better understanding of her value, aims and ideals. She enumerated the various things which should be cared for to bring about a perfect ensemble.

"Telephone Courtesy," by Helen Johnson, was a splendid address on the use and the abuse of the telephone in the dental office. This is something which is too often overlooked in the co-ordination of the activities of the dental assistant.

Elsie Autenrieth closed the program with a short talk entitled, "What Do I Get Out of Our Society?" mentioning the inspiration which had come to her through contact with other dental assistants; that she had gained much by the special courses provided through the

society, making her work easier of accomplishment and of greater value to her employer.

On May 9th was held the annual dinner of the Society, at which time there were entertained as guests of honor officers of the American Dental Association, the N. Y. State Dental Society, and other prominent dentists. The meeting in May closed the activities of the season; a special out-door activities committee has been appointed, which will care for the outings being planned for the summer vacation.

May Meeting

of the

EDUCATIONAL AND EFFICIENCY SOCIETY FOR DENTAL ASSISTANTS, INC.,
FIRST DISTRICT, NEW YORK.

The May meeting of the Educational and Efficiency Society for Dental Assistants, Inc., First District, N. Y., was held at the Academy of Medicine, 17 West 43rd Street, on Tuesday evening, May 8th, at 8 o'clock, the president, Juliette A. Southard, in the chair.

This was the annual meeting of the Society and election of officers. Annual reports were given by the officers, the chairmen of the various committees and the librarian.

The chairmen of the various sections in special study and training, i. e., laboratory technique, X-ray, accounting, general assisting, correct speaking and parliamentary procedure, reported great benefits and results accomplished by those of the members who had availed themselves of these opportunities of improving their efficiency, and it was announced that the Society would plan a wider field of activities along similar lines upon resuming meetings in the fall.

The officers' reports covered the growth and success of the society during the year just passed and the librarian announced that much interest had been manifested in the educational literature on hand and asked for additional reading matter of interest for her files.

The president's address follows in part: "As we look back over the year past since our last annual meeting, we get a view, as it were, of a vast canvas upon which are portrayed the many events that have transpired and have directly affected the society. Many hands have had a share in the painting of this picture and many hues are the tints thereon. We see the lights and shadows of hope and disappointment, the rainbow tints of achievement, the true blue of loyalty, the red of courage and the white of the fair and square deal. Our canvas, while of great interest and charm, is still far from being completed; we have only sketched in the background. Time and the earnestness of purpose of

the members will be needed, coupled with perseverance, before we can hope to show the world at large a picture worthy of the profession of the dental assistant. So far we have worked very well indeed and, with such a beginning, our masterpiece should prove from year to year of greater interest and importance, impressing all those who may come to know it and appreciate its value.

"The outstanding feature of our year's work upon this masterpiece is the demonstration that you will have the opportunity of presenting to the dental profession of New York State and others on Thursday and Friday of this week during the State Dental Convention at the Hotel Commodore. This occupies a very prominent place in the outline of our picture and I urge you so to blend your colors that they will be permanent and endure long after we may have passed on to other fields of usefulness. I visualize this masterpiece as one upon which the word 'finished' will never be inscribed; year after year those of our chosen profession who have its interest at heart will add a touch of color here and there, making always for renewed interest and more perfect work. You all have the opportunity to leave your individual touch upon our canvas and I urge you to do so. I urge you to take a personal interest in what the society is trying to accomplish. If for some reason or another you cannot serve directly, it is always in your power to stand by it and support it in its activities. If you do that it is bound to be a success and you, as a member, will shine by reflected glory and reap the reward."

The president thanked the officers and chairmen of committees for their splendid co-operation, also the members of committees and the special committees created from time to time, and the chairmen in charge of the courses of instruction. In the name of the society she voiced appreciation to the kind friends who have so unselfishly given their time and effort that the members might profit, the essayists, the speakers and the teachers; and in closing asked that the members guard with high ideals and steadfastness of purpose the picture they had so beautifully made possible. She urged care that it might last far beyond the realm of their dreams and expectations always to inspire and gladden the hearts of those who came to know it.

Officers elected for the ensuing year were—

President, Juliette A. Southard. Vice-President, Elsie C. Autenrieth. Secretary, Mae L. Bennett. Treasurer, Agnes F. MacNeil. Members of the Executive Committee, Emily Campbell and Evelyn R. Vanderbeek.

An Outdoor Activities Committee was formed which will take charge of outings during the summer vacation under the supervision of Elsie Gates as General Chairman.

The Society will resume regular sessions on Tuesday evening,

October 9th, at the Academy of Medicine, 17 West 43rd St. Dental assistants who are interested are urged to communicate with the president, Juliette A. Southard, 174 West 96th St., N. Y. City, or the secretary, Mae L. Bennett, 104 East 40th St., N. Y. City. Members of the dental profession are cordially invited to attend the meetings that they may see and hear for themselves what this society is trying to accomplish for the dental profession.

On to Cleveland—Sept. 10 to 14

DIETETICS and HEALTH

The Tonic and Food Value of Citrus Fruits

By Dr. J. R. Harris, City Health Officer, Tampa, Florida

"Tell me what you eat and I will tell you what you are" has been quoted by many. It is measurably true. To add, "and I will tell you how long you will live," is practically justified by studies of mortality rates of various countries and peoples in relation to their foods.

Eating the right kinds of foods has been found to be about the easiest way there is to keep healthy and ward off ailments. Medical science has conclusively proved that when properly nourished, the body is kept "toned up" and is less susceptible to disease and breakdowns of the system.

Among foods that have been discovered to be of special benefit to the body are the fruits of the citrus family—notably the orange and grapefruit. These two fruits have steadily grown in favor in the past few years, until they now not only constitute one of the requirements of a good breakfast, but are also used in other meals of the day.

The food and tonic properties of an orange or a grapefruit are contained particularly in their juices. These juices, it has been learned through study and experience, are very beneficial in keeping the organs of the body in condition to perform their natural functions. They are also an important tonic in case of sickness, especially when such illness is accompanied by fever.

Among the most interesting of recent medical discoveries is that many of the diseases that keep people unfit are caused by an excess of acid in the system. Colds, as an example, are in part attributed to such a condition. Still another important discovery of medical science is that there are certain acids which neutralize the effect of other acids, or correct the acidity. Like the old saying that it takes a crook to catch a crook, it takes one kind of acid to neutralize the effect of other acids which so often work injury to the body. In citrus fruits have been found just the acids that are needed to stabilize the system of the body, and to keep it properly regulated.

The delicate tang of the orange and the more marked tang that is to be found in the grapefruit are due to the citrus acid to be found in

the fruit juices. The two favorites of the citrus fruit family not only contain a generous amount of nutriment in the form of pre-digested fruit-sugar, but they also have a considerable quantity of naturally distilled, absolutely pure water, and they introduce into the blood various mineral salts which have a regulating influence.

Indeed, it can be said that the juice of either an orange or grapefruit is an agreeable tonic or medicine, if it can be called such. Both fruits are considered to be delicacies, and they always form an enjoyable part of any meal.

Grapefruit and oranges, it is true, have not for long been a part of the regular nourishment of any large number of people. Twenty years ago grapefruit had not been heard of, while the orange had been introduced into comparatively few of the markets of the country. People in those days, some might say, got along very well without them, and were just as healthy, if many were not more so, than today. Why, then, are oranges and grapefruit such an important part of the diet today? An eminent authority on health recently published a list of foods, showing their relative importance, in which he placed citrus fruits seventh.

Like a good many other things, there's a reason. In this modern era of preparing foods in various ways for human consumption, it often happens that some of the qualities are removed in the process. Take the case of grains or wheat, for example. There is scarcely any bread used any more that is not made out of white flour, or flour that has been milled. The public has become so accustomed to having its bread made of white flour that it gives it a preference and often regards with disdain the other flours in their natural condition. The millers have a very good reason for doing their work, and the public, too, has a logical reason for demanding white flour.

The parts of the seed or grain which are removed in making white flour are those which tend in storage to become stale or even rancid in taste. White flour, therefore, keeps better than whole grain flour.

Unfortunately no one mills the flour these days or buys it fresh from a local grist mill, and every user of white flour suffers because those same branny and colored parts of the grain removed contain the highly valuable proteid, fat and mineral contents of the grain, and those marvelous unknown substances (whose presence and activity can be nevertheless proven by feeding tests) called vitamins. Others of our foods in the process of preparation lose vitamins and minerals, so that our diet has developed a positive mineral as well as vitamin insufficiency.

Medical science has found that the juice of the orange or the grapefruit can supply the deficiency of vitamins, except that found in butter, together with the deficiency in minerals. It does not need

medical science to tell anyone the latter, when they have seen the large amount of carefully compounded and proportioned fertilizer used in Florida citrus groves. Phosphate, nitrate and potash, used in fertilizers for citrus trees, mean phosphorus, nitrogen, potassium, sulphur, magnesium, lime and many other minerals in the fruit of those trees.

Besides these necessary nutrients and body regulatives, there are also acids which stimulate the kidneys to action and which help to keep the blood clear, and consequently the whole body healthy.

During the influenza epidemic of several years ago, it was found that one of the most successful treatments of the fever was in furnishing the body with a large amount of lime. One of the traits of the influenza poison, it was discovered, is that it induces hemolysis, or reduces the consistency of the blood to such an extent that it "leaks" out into the lungs and other organs of the body.

Lime was found to be a coagulant for this, and therefore the juices of oranges and grapefruit proved to be an important form of nourishment for influenza cases. Taking orange or grapefruit juice is about the easiest and most pleasing way there is to convey lime into the body, to regulate the acidity of the blood, and stimulate secretion. The lime salts in citrus fruit, it was also found, have the added faculty of activating the white blood corpuscles (leucocytes) and stimulating them on to perform their work.

Vitamines, which are now used by medical authorities as a basis for classifying foodstuffs, are present abundantly in both oranges and grapefruit. In the juice of grapefruit there are two parts of "vitamin B" and three parts of "vitamin C," while in orange juice there is one part of "vitamin A," two parts of "vitamin B" and three parts of "vitamin C."

These investigations show that grapefruit has no "vitamin A," and oranges only a very small portion of this substance, which is generally found in fat foods, especially cream and butter, and is considered, along with "vitamin B" to have the best growth-giving properties. "Vitamin C," on the other hand, is shown to be very plentiful in both fruit juices.

Grapefruit is considered by many men of medicine to be one of the best of tonic regulators. It can almost be said that its dietary blessings are numberless. As an acidulous fruit, when placed in the mouth it causes the salivary glands to pour forth an extra flow of alkaline saliva to neutralize the fruit acid. This extra alkaline saliva also counteracts the acids of fermentation that form from the starchy and sugary foods. And besides affording protection against various diseases by means of its abundant store of vitamins, the grapefruit will also tone up the liver and stimulate the digestive juices.

Orange juice is often prescribed for babies. It has been found that the vitamins in an ounce or two of orange juice, added to the daily

milk ration, have rescued many bottle-fed babies from the diseases of malnutrition that steal in when the newcomers are denied their natural food.

The old adage that fruit is golden at breakfast, silver at noon and leaden at night is a dead one. Citrus fruits can be taken at any time without injury, and they are always easily digestible. The great achievement of the day is in attaining health through the use of the right foods. It can be realized to a great extent by the addition of oranges and grapefruit to the diet, and the experience will invariably prove to be of decided benefit.

—*Int. Journal of Surgery.*

Chasing the Little White Ball

In olden times, when men grew gray, to calm repose they would aspire; they put all festive things away, and read John Bunyan by the fire. They talked of gout and other ills, and kept dark bottles on their shelves, compared their favored brands of pills and bored each other and themselves. But now I see the young old men forsake the inglenook and hall, and up the brae and through the glen they chase a little snow white ball. I watch them move with sprightly step, no sign of springhalt in their tread; they seem as blithe and full of pep as when their wintry locks were red. They come at evening from the links, a bunch of gray, athletic men, and throw in sundry Volstead drinks, and fight their battles o'er again. And this, methinks, is better far, than sinking into dotard blues, and digging ointment from a jar to rub on rusty bones and thews. It's better than the ancient way of mourning minutes as they pass, and pausing now and then to say, "The reaper comes! All flesh is grass!" The greatest pastime ever sprung is that which speeds the halting vet, which makes the patriarch feel young, and makes the young man younger yet.—*Walt Mason.*



EXTRACTIONS

No Literature can have a long continuance if not diversified with humor—ADDISON

The Constitution follows the flag—to the three-mile limit.

A cannibal's motto for strangers: "First come, first served."

(Teacher)—Who signed the Magna Charta?

(Youngster)—Please Ma'am, 'twasn't me.

(Teacher—disgusted)—Oh, take your seat.

(Skeptical member of rural school board)—Here, call that boy back. I don't like his manner. I believe he did do it.

"Doctor, what shall I take to cure me of kleptomania?"

"Take nothing; then you'll be cured."

(Shumway)—Jennings says he is master in his home, do you believe it?

(Stephenson)—I think he is. I heard him scold his wife for dropping cigarette ashes on the rug he had just finished beating.

(Life Guard)—For \$10 I'll teach you to swim a mile, easily.

(Mr. Tipple)—Here's \$30. Make it three miles.

A London paper says that for the next sixty years our flag is going to look like the Stars and Stripes. Maybe this resemblance was suggested by the well-known look of the British £ion.

(Nitwit)—I don't mean to boast, Miss Nancy, but I'm a self-made man and proud of it.

(Nancy)—You astonish me. I thought you were born that way or, maybe, your nurse let you fall on your head when you were a baby.

N. Y. U. is teaching accident prevention. One will have to be a college grad in order to cross the streets at all in the near future.

O. Henry once said that he knew an editor who could write a letter of rejection that one could take to the bank and borrow money on.

(Dr. Dee)—So the operation on old Richman was in the nick of time?

(Dr. Due)—Yes, in another hour he would have recovered without it.

A fussy woman went into a photographer to have her picture taken. While the photographer was adjusting the camera the lady wrapped a clothes-line around her skirts.

"You'll have to take that off," said the picture man, "I can't take you that way."

"Don't try to fool me, young man; I know you see me upside down in that camera."

Little songs are prettiest,

Little tales are wittiest;

The little, little, little cloud

Is whitest in the West;

Little brooks are tune fullest,

Little lakes are moon fullest;

The little, little, little trail

Can climb the mountains best.

Little rooms are coziest,

Little hands are rosiest;

The little, little, little home

Is Heaven's dearer part.

Little wiles can charm a man,

Little smiles disarm a man;

A little, little, little child

Can nestle in his heart.

(Phil)—What is the initiative and referendum?

(Bill)—When you suggest to your wife that you'd like to go out and she says "No."

A speeder in jail is worth two in the traffic.

(Old lady to druggist)—I want a box of canine pills.

(Druggist)—What's the matter with the dog?

(Old lady—indignantly)—I want you to know, sir, that my husband is a gentleman.

Then the druggist put up some quinine pills in profound silence.

CURRENT LITERATURE

Preventive Dentistry

(From the London Lancet)

Even when the pathology of a disease is reasonably certain, the prevention of that disease depends on so many considerations, social, economic, and financial, that the path of the hygienist is a peculiarly difficult one and his progress must be slow. Preventive dentistry, like preventive medicine, is necessarily dependent on a sound pathology of dental disease; until this is achieved any efforts must inevitably be empirical and incomplete. Preventive dentistry is still in an embryonic stage, and Mr. W. R. Ackland, in his presidential address to the Odontological Section of the Royal Society of Medicine on this difficult subject, was unable to formulate any very precise code for general adoption. He laid stress on the general factors of nature and nurture in the production of dental disease, especially of pyorrhea, rather than on the local factors. The aetiology of pyorrhea has always been keenly debated, but of late years the protagonists of a local origin of that disease have been in the ascendant. While general conditions doubtless influence pyorrhea, its widespread incidence, its independence of social conditions, and its occurrence at all periods of life, make it difficult to imagine that an absence of the antiscorbutic vitamin can be mainly responsible, as Mr. Ackland maintains. The possibility of a dietetic element in the production of the acute stomatitis so prevalent in the late war is a different matter, and though difficult to prove may have an element of truth. The same disease was noted by a French observer as common among the troops in the Napoleonic wars, when tinned foods were unknown, but the antiscorbutic elements in the diet may yet have been inadequate. Racial degeneration, using the term to connote only a *physical* inferiority to more primitive types of man, has often been invoked as a predisposing factor in the production of pyorrhea. The alveolar process, being an end-organ, is especially liable to be affected by systemic conditions, the more so as the masticatory apparatus is steadily losing its functional efficiency, and, as Sir Arthur Keith has shown, is undergoing a change in shape. Mr. Ackland touched on this aspect, and pointed a regretful contrast between the "natural"

life of primitive man, who escaped so many dental ills, and that of his civilized and degenerate successor. Yet even assuming this hypothesis of the causation of pyorrhea to be true, and it is a big and dubious assumption, it offers but small hope to preventive dentistry. Dental caries offers a more encouraging prospect—at least, we know more of its aetiology—and it is possible to frame the principles of prevention along relatively simple lines which are still compatible with our civilization, imperfect and irrational though it may be. The work of Sim Wallace, based on experiment, seems in accord with our knowledge of the pathology of dental caries. Given that the disease is due to the fermentation of carbohydrate food in contact with the teeth, it follows that if the lodgment of such food between the teeth could be controlled, the incidence of dental caries should be diminished. In this respect foodstuffs differ in their detergent properties as apart from their nutritive qualities; the dietary should be so arranged that while fulfilling all the requirements of the physiologist, it should include a sufficiency of detergent foodstuffs. Furthermore, in order to allow the self-cleansing action of the mouth its fullest effect, the meals should be so arranged that there is a proper interval between the last meal and going to bed, since during slumber the activities of the tongue, lips and salivary glands are largely in abeyance, thus allowing food in contact with the teeth to remain undisturbed. Experience has shown that these rules, though not completely effective, are certainly beneficial in lessening the incidence of dental caries. The experimental work of McIntosh, James, and Barlow on the bacteriology of dental caries does not as yet offer any weapon to the dental hygienist, but the evidence which supports their conclusions affords a hope that light may soon be thrown on the oral conditions which favor or antagonize the production of dental caries. There remains one consolatory feature of the problem to which Dr. A. E. Carver draws attention—that the public are more alive than formerly to the benefits of such preventive dentistry as is implied by a periodical visit for inspection. This might be described on the analogy of V.D. terminology as early rather than preventive treatment, but we cannot guard against a disease the aetiology of which is obscure in any more logical way.

On to Cleveland—Sept. 10 to 14

FUTURE EVENTS

The twentieth annual meeting of the MONTANA STATE DENTAL SOCIETY will be held in Missoula, July 19, 20 and 21st, 1923. A cordial invitation is extended to all members of recognized societies.

J. E. BAKER, *Secretary-Treasurer*,
311 Ford Bldg., Great Falls, Montana.

During the convention of the American Dental Association which will be held in Cleveland, Ohio, September 10-14, the DENTAL HYGIENISTS OF THE STATE OF OHIO will meet for the purpose of organizing a society for mutual benefits. All hygienists who have successfully passed the Ohio State Board of Dental Examiners are eligible, and are earnestly requested to give their support. Application for membership should be made to the chairman of the organization committee as soon as possible. Detailed information will be given later.

MILDRED M. GILSDORF, D.H., *Chairman of the Organization Committee*,
Citizens National Bank Building, Chillicothe, Ohio.

THE NORTHEASTERN MASSACHUSETTS DENTAL SOCIETY, with a membership of one thousand dentists from all over the United States and foreign countries, will hold its annual convention for next year at the New Ocean House, Swampscott, Mass., on June 3, 4 and 5, 1924.

HENRY I. YALE, D.M.D., *Secretary*.

We are adopting every means possible to keep you informed about the arrangements and plans of the great meeting of the Dental Profession to be held in September.

The place—Cleveland, Ohio.

The time—September 10 to 14.

The purpose—Your own everlasting good.